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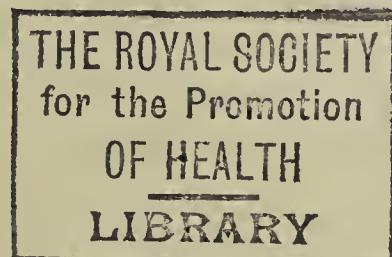
1955.

PARLIAMENT OF TASMANIA.

DEPARTMENT OF PUBLIC HEALTH

REPORT FOR THE YEAR ENDED 30TH JUNE, 1955.

Presented to both Houses of Parliament by His Excellency's Command.



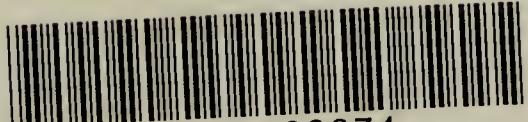
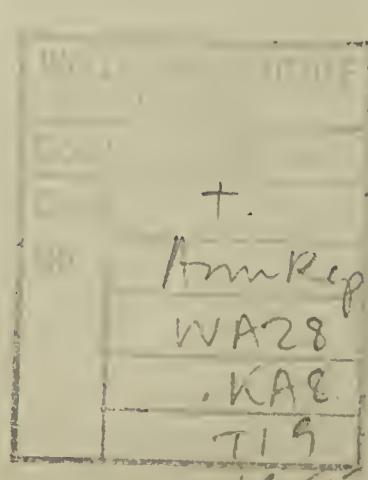
L. G. SHEA, GOVERNMENT PRINTER,
TASMANIA.

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Report of the Department of Public Health for the Year ended 30th June, 1955

Department of Public Health,
Hobart,
October 6, 1955.

The Hon. the Minister for Health.

SIR,

I HAVE the honour to present the Report of the Department of Public Health for the period 1st July, 1954, to 30th June, 1955.

I desire to acknowledge with appreciation the co-operation of the Directorate, whose reports are submitted separately under the various Sections, set out as under:—

Section I.—Report of Division of Hospital and Medical Services:

Section II.—Report of Division of Public Health:

Section III.—Report of Division of Tuberculosis:

Section IV.—Report of Division of Mental Hygiene:

Section V.—Vital Statistics supplied by the Deputy Commonwealth Statistician.

DISTINGUISHED VISITORS.

During the visit of Their Excellencies the Governor-General and Lady Slim to Tasmania, Her Excellency took the opportunity to visit the Royal Hobart and Launceston General Hospitals, also Cosgrove Park.

Among the visitors from abroad were Dr. Astwood of California, to discuss Endemic Goitre in Tasmania, and Professor McWhirter—a World Authority on Cancer.

DEPARTMENTAL EXPENDITURE.

Comparative figures of the amount of expenditure over the three previous years are appended, and continue to show substantial increases, although expenditure is continually under review and efforts are made to control it.

Summary.

	1952-53.	£	1953-54.	£	1954-55.	£
Public Health (including Tuberculosis Branch, Tasmanian and Northern Chest Hospitals) ..	1,634,186		1,746,217		1,823,158	
Lachlan Park Hospital ..	307,126		323,925		343,474	
St. John's Park	141,891		155,206		178,017	
						£2,344,649

The respective increases are £142,760 and £110,320, summarised as under:—

	1953-54.	1954-55.
	£	£
Administration—Salaries, Traveling Allowances, Cost of Living, &c.	13,080	14,267
Bush Nursing Services	3,458	9,978
Medical Services, Schools and Country Districts	10,298	16,368
Subsidies to Hospitals	62,523	41,007
Tuberculosis Division	22,672	13,660*
Government Institutions	30,729	42,360
		£110,320

* Decrease.

CONFERENCE OF TASMANIAN HOSPITAL AUXILIARIES.

The first annual conference of Tasmanian Hospital Auxiliaries was held in September last. This annual conference is solely for the benefit of auxiliaries, which have done so much to help our hospitals.

It is considered there is a large number of matters of common interest to all auxiliaries, and that they could not fail to be of use to all interested in hospital welfare. By meeting each year, delegates will have an opportunity of seeing the type of work which is being done in other parts of the State, and the results achieved by other auxiliaries.

STAFF.

During the year under review several positions were created, and filled by the appointment of Dr. Ailsa M. Young as Medical Officer, Spastic Diseases, and Dr. R. A. Lewis as Consultant in Anaesthetics.

Further planning and implementing of various Health Education activities of the Department have resulted in the appointment of Mr. E. H. Matthews as Public Relations Officer.

We were very fortunate in having the services of Dr. V. L. Collins, Medical Director of the Children's Hospital in Melbourne, to advise on hospital facilities for children in Hobart, and his report should be very helpful in planning hospital accommodation for children in the future.

The Director-General of Medical Services (Dr. John Edis) left the State in April, 1955, to visit England and the Continent, in order to keep

abreast of the latest developments in hospital administration.

In conclusion, it is again desired to express appreciation of the services rendered by individual officers of the Department, and to acknowledge the ready assistance rendered by officers of other Government Departments.

I have, &c.,

JAMES TREMAYNE, M.B. (Syd.),
M.R.A.C.P.

Acting Director-General of Medical Services.

Section I.—HOSPITALS

Public Hospitals [excluding Chest and Mental Hospitals]

Number of Patients.—Including patients hospitalised in St. John's Park and Cosgrove Park, there has been a slight overall increase of 0.97 per cent in the number treated during the financial year 1954-55, as compared to 1953-54.

The number of general patients treated showed a decrease of 92, whilst maternity and infectious patients increased by 428 and two respectively, a total increase over the previous year of 338.

Bed-days for the year were 492,331—an increase of 20,467 over 1953-54.

Births for the year increased by 262 to a total of 7,247.

Receipts.—Receipts for the year totalled £1,958,744, of which Commonwealth Aid amounted to £249,703. This aid represented an increase of £21,495 over that received for the previous year, the increase being accounted for by an additional £12,687 Hospital Benefits due to the increased number of bed-days, and an additional £8,808 Pharmaceutical Benefits.

State Aid amounted to £1,355,962, and £353,079 was received in patients' fees and miscellaneous receipts.

Patients' fees collected for the 12 months represented 89.5 per cent of the year's charges, this being 2.8 per cent more than the percentage collected for the previous year.

Payments.—The payments for the year amounted to £2,004,303, of which salaries, £1,257,191, represented 62.73 per cent. Credit balances held by hospitals for maintenance account purposes and aggregating £84,073 at 1st July, 1954, were reduced to £38,514 at 30th June, 1955, a reduction of £45,559.

Patients' Costs—The average daily cost for inpatients based on expenditure incurred by the 22 main hospitals as listed in Table "A" was £3 19s. 3d., whilst that for out-patients was 9s. 9d. per visit.

Comparisons—The comparisons for the four years as listed in Table "A" show the relevant increases and percentages of receipts and payments under the principle classifications, as well as comparative costs.

Comparative figures for patients' statistics are set out in Table "B" and Table "C".

Buildings.—Works completed during the year were as follows:—

Launceston General Hospital—Lighting and heating of Nurses' Home.

Devon Public Hospital—Kitchen alterations.

Beaconsfield Public Hospital—Erection of maternity wing.

Queen Alexandra Hospital—Erection of new office block and wards.

Queen Victoria Hospital—Kitchen alterations.

Works remaining in progress were as follows—

Royal Hobart Hospital—Alterations to provide for temporary outpatients' department.

Erection of Nurses' Home and medical offices at New Town Park.

Launceston General Hospital—Laundry extensions and reconditioning.

Devon Public Hospital—Extensions to Nurses' Home.

Devon Public Hospital—Provision of foundations for new hospital.

Erection of Devonport Medical Centre.

Darwin Hospital, Burnie—Alterations, including Nurses' Training School, Red Cross Blood Transfusion Centre, Pathology Department, Child Health Centre, Women's Auxiliary Rooms and Dental Clinic.

Spencer Public Hospital—Erection of new maternity wing.

Specialist Services.—It has been possible to make appointments for the North-West Coast area in the specialities of ear, nose, and throat diseases and obstetrics and gynaecology. Dr. A. J. Gray was appointed to the former position, and Dr. T. G. Ingram to the other. Headquarters in both instances are at Burnie. It is hoped that it will be possible to make an appointment of an anaesthetist in the near future.

Satisfactory appointments as Deputy Medical Superintendents have been made at the Burnie Public Hospital and the Devon Public Hospital, Latrobe.

1954-55.

Public Hospitals—Summary of Receipts and Payments, Costs, &c., for Year Ended 30th June, 1955.

TABLE A.

No.	Hospital	Daily Average of Occupied Beds.	Balance at 1st July, 1954.		MAINTENANCE RECEIPTS.							MAINTENANCE PAYMENTS (NET).							Balance at 30th June, 1955.		In-Patients Costs		Out-Patients Costs		No.					
					Commonwealth Aid.			State Aid.	Patients' Fees.	Donations, &c.	Interest from Bequests.	Misc. Receipts.	Total Receipts.	Salaries and Wages.	Provisions.	Domestic.	Dispensary and Surgical.	Admin. and Misc.	Repairs.	Total Payments.	Debit.	Credit.	Per Daily Occupied Bed.	Per Patient.	Per Attendance.	Per Patient.				
			Debit.	Credit.	Hospital Benefits.	Pharmac'l. Benefits.	Total.																							
1	Base General Hospitals:				238-64	30,314	38,014	9,481	47,495	56,702	£.	£.	£.	£.	£.	£.	£.	£.	£.	£.	£.	£.	£.	£.	£.	£.				
2	Launceston General				344-70	13,580	50,385	25,943	406,927	76,328	3,250	3,250	3,250	3,250	3,250	3,250	3,250	3,250	3,250	3,250	3,250	3,250	3,250	3,250	3,250	3,250				
	TOTALS				583-34	43,894	88,399	35,424	123,823	712,746	136,092	217	217	217	217	217	217	217	217	217	217	217	217	217	217	217	217			
3	Regional Hospitals:				49-88	4,398	7,501	1,862	9,363	47,578	11,970	94,618	14,421	42	39	258	70,673	47,107	6,954	6,670	8,557	2,610	2,888	74,786	285	3 12 11	35 8 0	9 10	1 4 10	3
4	Burnie				61-76	10,485	10,368	1,602	11,970	94,618	13,364	121,181	79,554	18,101	13,364	6,743	4,852	3,098	125,712	5,954	5 9 8	68 3 5	8 3	0 12 7	4					
5	Devon, Latrobe				28-10	304	4,258	864	5,122	30,506	7,018	31	42,677	26,426	5,761	5,645	3,242	1,624	522	43,220	239	3 19 6	52 14 6	8 11	0 19 4	5				
6	Lyell, Queenstown				44-88	4,604	7,313	856	8,169	31,774	10,327	62	50,392	34,873	6,534	7,238	3,678	1,405	1,021	54,749	247	3 5 4	42 2 8	8 10	2 5 4	6				
	TOTALS				184-62	19,791	29,440	5,184	34,624	204,476	45,240	135	39	409	284,923	187,960	37,350	32,917	22,220	10,491	7,529	298,467	239	6,486	4 5 3	50 2 5	9 2	1 0 4		
7	Maternity Hospitals:				43-80	5,531	6,254	....	6,254	15,000	26,334	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....	....
8	Queen Alexandra, Hobart				49-81	261	7,284	7,284	28,197	26,724	154	404	62,763	38,016	10,127	9,715	9,715	1,840	1,825	1,796	51,010	2,155	3 2 1	37 11 2	6 5	1 1 9	7	
	Queen Victoria, Launceston				TOTALS	93-61	5,531	13,538	13,538	43,197	53,058	154	450	110,397	67,812	19,167	16,428	2,826	4,235	2,789	113,257	2,410	3 5 11	34 6 11	6 4	1 4 4		
9	Rural Hospitals:				19-52	509	3,023	615	3,638	8,276	4,906	21	46	....	16,887	10,108	2,613	2,210	1,580	564	290	17,365	31	2 8 9	22 13 11	....	....	9
10	Beaconsfield				8-62	456	1,321	162	1,483	9,098	1,997	....	....	....	12,578	8,817	1,523	849	896	461	86	12,632	402	3 16 4	33 5 4	6 7	0 14 2	10
11	Bowmont, Franklin				15-89	56	2,544	259	2,803	16,391	3,027	31	....	....	22,286	12,621	3,147	3,278	1,648	702	826	22,222	8	3 17 3	37 13 2	....	....	11
12	Campbell Town				8-80	216	1,282	106	1,388	9,484	2,760	....	....	....	13,723	8,862	2,196	985	861	860	145	18,909	30	4 2 3	31 3 4	6 8	0 13 1	12
13	King Island				5-91	482	824	....	824	5,190	1,717	....	....	....	7,731	5,954	649	620	293	192	60	7,768	445	3 12 2	34 17 10	....	....	13
14	Levenbank, Ulverstone				11-93	2,346	1,802	147	1,949	9,853	3,252	11	....	....	15,082	12,205	2,087	2,285	588	334	184	17,683	255	4 1 3	40 17 1	....	....	14
15	Meercroft, Devonport				12-48	1,262	1,829	236	2,065	9,424	3,382	....	....	....	14,905	9,469	2,259	2,212	918	420	429	15,707	460	3 8 10	30 1 4	2 10	0 5 5	15
16	New Norfolk				21-20	1,409	3,161	952	4,113	18,048	5,662	24	....	....	27,847	18,759	2,544	3,216	2,669	1,157	1,337	29,682	426	3 16 8	30 10 1	....	....	16
17	N.E. Soldiers Memorial, Scottsdale				1-31	31	149	685	834	5,145	368	1	31	6,379	3,221	392	378	1,303	208	155	5,657	691	7 13 0	51 12 7	5 8	0 7 10	17	
18	Rosebery				9-41	842	1,476	139	1,615	10,361	2,219	78	14,273	8,728	1,473	2,039	1,002	474	276	13,992	1,123	4 0 2	53 16 5	6 5	0 12 7	18	
19	St. Marys				5-55	290	864	52	916	5,838	1,794	....	....	....	8,548	5,980	1,182	919	420	240	140	8,831	7	4 7 1	38 14 7	....	....	19
20	Smithton				9-33	68	1,587	438	2,025	10,612	2,213	34	508	15,392	10,617	1,378	1,546	1,373	413	314	15,641	317	4 14 11	54 8 4	10 7	0 11 8	20	
21	Toosey Memorial, Longford				11-09	1,707	1,829	....	1,829	10,990	2,714	1	19	....	15,553	11,975	1,148	1,173	1,064	812	348	16,520	740	4 0 4				

TABLE B.

General Statistics of Public Hospitals for Year Ended 30th June, 1955.

No.	Hospital	IN-PATIENTS.												OUT-PATIENTS						No.											
		Av. Daily No.	Av. Daily Cost.	BEDS AVAILABLE				NUMBER TREATED.				BED DAYS			DAILY AVERAGE OF OCCUPIED BEDS.			AVERAGE LENGTH OF STAY—DAYS.			Births (Total Deliveries)	Number Persons Regis- tered.	Total Atten- dances	Av. No. of Visits per Person Treated.							
				Non-Public		Public		Total Beds	Non-Public		Public		Total In- Patients	Non-Public		Public		Total Bed Days	Non-Public		Public		Total Daily Average								
				General	Maternity	General	Maternity		General	Maternity	General	Maternity		General	Maternity	General	Maternity		General	Maternity	General	Maternity									
1	Base General Hospitals:																														
2	Launceston General	238.64	s. d. 84 7	....	....	266	49	333	5,765	....	25	5,790	86,569	....	535	87,104	237.17	....	1-47	238.64	....	15.01	21.4	15.06	....	22,241	103,800	4.6	1	
	Royal Hobart (including Wingfield Home for Crippled Children)	344.70	79 1	....	....	311	78	500	9,563	1,782	34	11,379	108,447	16,976	394	125,817	297.11	46.51	1-08	344.70	....	11.34	9.52	11.59	11.05	1,225	45,960	155,127	3.3	2
	TOTALS	583.34	81 8	....	....	577	127	833	15,328	1,782	59	17,169	195,016	16,976	929	212,921	534.28	46.51	2-55	583.34	....	12.07	9.52	15.74	12.4	1,225	68,201	258,927	3.8	
3	Regional Hospitals:																														
4	Burnie	49.88	72 11	....	....	37	3	61	1,286	588	2	1,876	12,804	5,390	14	18,208	35.08	14.76	.04	49.88	....	9.95	9.17	7.0	5.75	503	3,813	9,655	2.5	3
5	Devon, Latrobe	61.76	109 8	....	....	71	13	108	1,510	300	4	1,814	19,399	3,121	23	22,543	53.15	8.55	.06	61.76	....	12.84	10.4	12.42	10.57	249	4,021	6,114	1.5	4
6	Lyell, Queenstown	28.10	79 6	....	....	46	14	60	592	182	774	1,436	8,122	2,137	....	10,259	22.25	5.85	....	28.10	....	13.71	11.74	13.25	15.2	152	2,493	5,421	2.1	5
	Spencer, Wynyard	44.88	65 4	....	....	56	14	78	1,079	190	1,269	1,453	1,848	16,384	....	....	39.82	5.06	....	44.88	....	13.47	9.72	12.91	18.7	187	583	2,969	5.1	6
	TOTALS	184.62	85 3	....	....	210	24	307	4,467	1,260	6	5,733	54,861	12,496	37	67,394	150.30	34.22	.10	184.62	....	12.28	9.91	6.16	11.75	1,091	10,910	24,159	2.2	
7	Maternity Hospitals:																														
8	Queen Alexandra, Hobart	43.8	62 1	35	43	....	14	49	301	1,015	....	1,316	12,092	3,915	....	16,007	33.13	10.67	....	43.8	....	11.91	8.62	13.0	12.28	1,177	301	1,021	3.4	7
	Queen Victoria, Launceston	49.81	68 1	....	....	265	16	59	265	1,701	....	1,966	14,663	3,521	....	18,184	40.17	9.64	....	49.81	....	12.1	9.25	12.28	12.28	1,706	315	642	4.7	8
	TOTALS	93.61	65 11	78	108	2,716	566	3,282	26,755	7,436	73.30	20.31	9.85	13.13	10.41	2,883	436	1,663	3.8	
9	Rural Hospitals:																														
10	Beaconsfield	19.52	48 9	....	....	23	9	38	730	35	....	765	6,773	353	....	7,126	18.55	.97	....	19.52	....	9.27	10.08	9.3	3.76	33	84	1,894	2.1	9
11	Bowenbent, Franklin	8.62	76 4	....	....	8	8	16	164	197	....	361	1,378	1,768	....	3,146	12.52	3.37	....	8.62	....	9.68	8.97	8.71	10.0	114	1,844	2,085	1.9	11
12	Campbell Town	15.89	77 3	....	....	17	4	29	472	123	....	595	4,571	1,230	....	5,801	15.89	....	....	15.89	....	9.75	10.4	9.75	11.14	93	1,065	2,085	1.9	12
13	King Island	5.91	72 2	....	....	6	2	14	290	134	....	424	2,206	1,007	....	2,313	6.04	2.76	....	5.91	....	7.6	7.51	7.57	7.57	204	1,065	2,085	1.9	13
14	Levenbank, Ulverstone	11.93	81 3	....	....	....	....	15	286	236	....	223	4,354	4,354	....	4,354	11.93	11.93	....	11.93	....	10.05	10.05	10.05	10.05	356	1,065	2,085	1.9	14
15	Meercroft, Devonport	12.48	68 10	....	....	8	4	24	800	973	....	591	5,911	1,830	....	7,741	6.51	5.97	....	12.48	....	8.31	9.23	8.73	10.57	213	4,169	7,885	1.9	15
16	New Norfolk	21.2	76 8	....	....	20	6	35	36	27	....	36	206	274	....	480	16.19	5.01	....	21.2	....	7.38	7.95	7.95	10.57	168	1,065	2,085	1.9	16
17	N.E. Soldiers' Memorial, Scottsdale	1.31	153 0	....	....	6	1	6	190	66	....	190	2,669	768	....	3,437	7.31	2.10	....	7.31	....	5.72	7.4	6.57	6.57	32	4,657	6,457	1.8	17
18	Rosebery	9.41	80 2	....	....	....	....	11	208	228	....	208	1,905	1,905	....	2,029	9.41	5.55	....	9.41	....	14.04	11.63	13.42	13.42	62	459	902	1.9	18
19	St. Marys	5.55	87 1	....	....	12	2	8	244	54	....	244	3,444	543	....	4,048	7.87	1.46	....	7.87	....	9.33	9.33	8.89	8.89	194</				

TABLE C.

General Statistics of Homes for Care of Aged and Invalid for year ended 30th June, 1955.

No.	Home	Average Daily Number			Bed Accommodation Available			Number Accommodated During Year			Bed-days			Average Length of Stay		
		General		Hospital	General		Hospital	General		Hospital	Total		General		Hospital	Total
1.	St. John's Park	242.55	174.06	416.61	265	199	464	295	385	680	88,530	63,532	152,062	300.1	165.01	223.6
2.	Cosgrove Park	48.46	48.0	96.46	68	48	116	106	72	178	17,964	17,245	35,209	169.4	239.5	197.8
	Total ...	291.01	222.06	513.07	333	247	580	401	457	858	106,494	80,777	187,271	265.5	176.7	218.2

Migrant Medical Practitioners.—Since the inception of the scheme, five doctors have been licensed. These doctors hold permanent appointments in the Government Medical Service, and are giving every satisfaction in their work.

Two doctors who are undergoing training in the Launceston General Hospital will take their examinations at the end of September, 1955.

The Medical Act has been amended further to permit the licensing of additional migrant doctors as follows:—Four in 1956, and two in each of the years 1957, 1958 and 1959.

Blood Transfusion Service.—An agreement has been entered into by the State with the Commonwealth to commence from 1.7.1955, whereby the annual cost will be met ultimately in the proportion of 60 per cent by the State, 30 per cent by the Commonwealth and 10 per cent by the Red Cross Society. This agreement provides a definite basis for the Society's income, and should alleviate the difficulties previously experienced with financial arrangements for this very essential service.

Hospital Catering.—A further conference was held during the year at which all hospitals were represented. The dietitian attached to the Department continued with visits to the hospitals and supervised the catering arrangements.

Owing to the shortage of dietitians the Departmental dietitian also was required to visit the hospitals to give lectures in dietetics.

General.—Many individual expressions of thanks have been made to hospital boards and hospital auxiliaries for their splendid work and valuable assistance given throughout the year, and I should like to take this opportunity of recording the Department's sincere appreciation of all that has been done.

There will be a further conference of the hospital auxiliaries' representatives, to be held soon in Hobart, when it is hoped further suitable appreciation of their efforts will be demonstrated.

APPENDIX I.

REPORT ON ORTHOPAEDIC SERVICES.

I hereby wish to present the Annual Report on Orthopaedic work in the State during the last twelve months.

Accidents.

The number of serious accidents to my mind constitutes one of the serious problems confronting the community at the present time. They are the result, almost entirely, of road accidents.

The motor-cyclist is injured in a very much higher proportion than all other users of the road. So much so, that serious consideration should be given to introducing legislation which would:—

- (1) Prevent the use of motor cycles entirely.
- (2) Ban pillion riding.
- (3) Should this be too sweeping, then only allow the motor cycle with a side car.
- (4) Insist that all these riders be forced to wear crash helmets.
- (5) Place a speed governor on all motor cycles.

This latter precaution was introduced during the war into the army with excellent results, minimising the severe head injuries.

Most of these injured are young men. The injuries received are often severe multiple fractures, causing months of hospitalisation, with often resulting permanent disability, requiring complete change of occupation and replacement again in to the community.

I consider that the toll of the road is a far greater menace to the community than Infantile Paralysis. Yet, the population becomes almost hysterical should there be a threat of an outbreak of this disease, yet calmly accepts the casualties which occur almost regularly every weekend. I am well aware of the road safety campaigns that are carried out and commend them. However, if the motor cycle is to be allowed on the road, then the foregoing precautions should be accepted to minimise accidents.

Accidents: Industrial.

I cannot help being struck with the increase in the number of industrial accidents, with admission into the hospital. These fall into two big categories:—

- (1) Crush injuries from the use of heavy earth moving equipment.
- (2) Hand injuries from the use of mechanical saws; these are often very disabling. A certain number of these appear to occur among New Australians, where perhaps they are doing work they are unaccustomed to, and the others occur among Australians, in whom I am sure long usage induces carelessness.

I feel that a campaign should be carried out, similar to the Road Safety campaign, in Industrial work-shops, to urge the necessity of care when using these instruments.

Accidents: Occupational Hazards.

One cannot help being struck by the great number of patients attending hospital for strain injuries of the discs, complicated often by sciatica. These occur principally amongst workers whose occupation entails heavy and prolonged lifting; timber workers, and wharf labourers, workers in heavy industry etcetera. In the great majority of cases very few of these individuals know the proper method of lifting, so strain can be taken from the lower part of the back.

Some years ago I discussed this problem with the Director-General of Health, Dr. Edis and drew up a pamphlet, which was to be issued to employees and employers of industries, in which there was this occupational hazard. I consider that the issue of this pamphlet should be proceeded with, as I am quite sure it would prevent a good deal of invalidism and a good deal of loss of man-power hours.

There seems a complete ignorance, on the part of most individuals, as to how to use their backs properly, and thus avoiding a strain on their back.

Rehabilitation.

I consider that the facilities here are in advance of those provided by other States. There, the Rehabilitation Service only accepts patients after at least three months incapacity and very often cases may have become crippling and chronic before acceptance. By providing facilities at an early stage many patients are prevented from reaching the chronic state and I am quite sure are replaced back into employment, overall more rapidly as a result. I discussed the Rehabilitation work with Professor I. R. Harris, Professor of Orthopaedic Surgery, Toronto University Canada, and they are now making a very big feature of this service in Canada.

The Lady Clark Rehabilitation Centre continues to carry out outstanding work and I consider that the provision of the facilities there, for all cases of traumatic injuries, enables many of these patients to resume their employment much earlier than would otherwise be possible.

It is being used increasingly by patients from all parts of the State, with the result that these patients can get intensive treatment as in-patients with great benefit.

There is close liaison with the Commonwealth Rehabilitation Service with very happy results. Disabled patients, whose employment requires changing, are retrained and sent early to the Lady Clark Rehabilitation Centre for replacement again into Society.

Treatment of Cerebral Spastic Paralysis.

Dr. Ailsa Young has been appointed to undertake the treatment of these children throughout the State. After her appointment, she spent three months working under Dr. Burton-Bradly at the Mosman Spastic Centre.

A very happy selection has been made. She has the temperament and personality for the type of work and has made an excellent start in tackling this problem. She is making her headquarters at Hobart, but making periodical visits to Launceston and the North West Coast.

I am confident that great benefit will be derived in the co-ordination of the treatment of these children, as the result of her appointment.

Accommodation for the Treatment of these Children.

I have already submitted a report on the need for increased accommodation for the treatment of these children. A report was submitted to Dr. Tremayne, Acting Director-General of Medical Services, on additional accommodation at Wingfield. The accommodation considered to be necessary was:—

1. An office for Dr. Young.
2. An office for an Occupational Therapist.
3. A room in which the Occupational Therapist could carry out her work.

A schoolroom was also considered necessary, but a room, which was used for storage of splints, has been adapted, with very happy results for the schooling of these children.

The type of temporary accommodation which is to be erected will depend very much on when the Crippled Childrens' Society erect the new Wingfield at Lindisfarne. If this is not to be erected for some years, then this temporary accommodation could be of a more permanent nature. On the other hand, if construction of the Lindisfarne building is to be gone ahead with immediately, then such accommodation could be of a very temporary nature. However, my own view is to postpone the building of the Lindisfarne building for some little time, so that very careful thought and planning can be given to the exact type of structure which is erected.

It is quite obvious to me, should the incidence of Infantile paralysis in the community be banished as a result of the Salk vaccine, the need for the number of hospital beds, for long stay children and adolescents, will be very greatly lessened, with a result that children afflicted with Cerebral Palsy will be the type of case which have to be largely catered for.

If this is so, then I think the building to be erected should be more of the hostel type, so these people could live and have their treatment in an atmosphere which is as much divorced from a hospital as is a hostel.

The accommodation at Launceston, provided by the Crippled Childrens' Society in Launceston—St. Giles, is of the hostel type and is admirable as a Spastic Centre. In this regard Launceston hospital group is very much in advance of Hobart.

Infantile Paralysis.

The past year has been almost free of this disease from the community. There, however remains the care of those crippled by the previous epidemics.

These children are kept under constant review by means of systematic examination at intervals. By these means deformity is prevented, or if occurring, is minimised.

It is sincerely hoped, as a result of successful use of the Salk vaccine, the incidence of Infantile Paralysis may be banished from our community. If this is so, very careful thought must be given in future to the planning of our convalescent hospitals for long stay cases, so that they may be used to their maximum capacity.

The lowering of the age for Rehabilitation training, by the Commonwealth Government, to the age of sixteen for those physically handicapped, will be of great advantage to these children, who are physically handicapped. Their training for suitable occupation can now be commenced at the right age and will be a great help to the Crippled Childrens' Societies, who have in the past undertaken this.

Surgical Tuberculosis.

I am glad to be able to report that the number of cases of bone and joint tuberculosis under treatment throughout the Island is slowly diminishing.

A very pleasing feature is the absence of the disease from children. At present in Southern Tasmania there is not one child having treatment for recent disease. This can be attributed to the decline of active chest disease in the community, from whom these children were infected.

Splints.

Supplies of splints were difficult at times during the year, at both the Hobart and Launceston hospitals. In both cases, it has been due to staff shortages. However, I am glad to be able to report that an efficient head splint-maker has been obtained at the Royal Hobart Hospital and he is already making his presence felt and supply of splints should now not present any serious problem.

At Launceston, I understand a surgical bootmaker has been engaged to replace the one that had left, which should help solve some of their difficulties.

I consider that some thought should be given to instituting a proper training for apprentice splint-makers at both the Hobart and Launceston hospitals. In the past

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young men have been taken on, who have been physically handicapped and they have more or less "picked up" the work. The result is that I do not consider the work efficient or economically produced.

Though much be given to the planning of a training scheme for such splint-makers and attracting suitable intelligent young men for apprenticeship and proper training. There is no opportunity of obtaining such a training at present in Tasmania, and I doubt if any exists in Australia.

Artificial Limbs.

The situation is the same as when reported upon last year.

Provision of Artificial Limbs.—This has always been a vexed question in this State. Attempts have been made to induce the Repatriation Department to co-operate in supplying these. At present the position is that the Repatriation Department supplies these to individuals in Social Service benefits. All others must obtain these through Denyers Pty. Ltd. who send a representative to Tasmania two or three times yearly. Plaster casts of the limbs are sent to England, where the limbs are made. This is I consider, but a stop-gap method and open to difficulties in fitting from remote control. Should any situation arise which prevented this traffic we should be placed with difficulty of supplying these limbs. I still think it desirable that we should have some adequate local limb factory, if possible.

I consider the solution to this problem is that the present Repatriation Limb Factory should, if possible undertake civilian work.

I know that very determined efforts have been made to get this done in the past, with refusal on the part of the Rehabilitation Department. This is the obvious solution. Private enterprise, given the opportunity has not provided the service in Australia. It is because of the long and difficult years of training the craftsmen. Whereas the Repatriation Services, should there be no further major war, will each year be faced with shrinking work.

Care of the Aged.

It is very evident that there are greater numbers of aged people entering hospital, as the result of accidents. Fractured neck of femur is one of the commonest causes of the entry of aged people into our hospitals. The treatment of these cases is long, and in many instances the accident is a terminal event and gives rise to death, over a period of time.

Those in a younger age group, sixty and seventy years, and some in the older age groups are often able to be rehabilitated back into the community after operation has been carried out. These people place a big strain upon the acute beds of the hospital, their convalescence being very slow and tedious.

Fortunately, the accommodation at Wingfield is helping to solve this problem, but I consider that in all the hospitals; Launceston and at the North West Coast, in the future planning, some thought should be given to convalescent depots, where such cases can be dealt with.

The care of the aged will impose a greater strain upon the Public Hospitals of the State with the progress of time.

Travelling.

Launceston and the North West were visited very frequently last year. During Mr. Hogg's absence abroad all Orthopaedic services were carried out uninterrupted. Since Mr. Hogg's return, Launceston and the North West have been visited at four monthly intervals. Opportunity is taken to carry out some teaching and at the same time to see any of the problems and difficult cases. I think that visits at three months intervals is adequate at this time.

Queenstown.—Queenstown has been visited at intervals of about five months and on two occasions the journey was made from Burnie to Zeehan where cases were seen at the Zeehan hospital with Dr. Parkinson and then one travelled on to Queenstown the same afternoon. The result of this has been satisfactory and a great saving of time and it is proposed to do this in the future, when the circumstances permit.

Mr. Hogg's trip abroad has been of the greatest educational benefit to him and he has made very full use of the opportunities afforded him.

2. Devon and Burnie Hospitals.—The immediate traumatic work carried out at both these hospitals is excellent. Both Dr. Ferris and Dr. O'Brien are keen on this type of work and have had the experience of it during the last war.

I consider that it is desirable that all accident work should be dealt with at the Burnie hospital, in the far North West. To my mind it is better to segregate this type of case in the one hospital, where all facilities, incidental to the treatment of such cases, could be centred. After immediate treatment, they could be transferred to the Spencer Hospital, but should be under the care of the Surgeon who undertook the original treatment. After discharge they should return to his out-patients to be kept under the same control. Continuity of control I consider essential.

The other principal is segregation of cases, where the best facilities are available, with a trained surgeon.

3. Royal Hobart Hospital.—I regret to say that Dr. Millar who has been my assistant since a few years after the war has had to resign from the Royal Hobart Hospital. He has been trained by myself, but has found the heavy demands of his private practice such that he cannot give the time required and I understand steps are being taken at the present time to fill this vacancy.

The increase, in the numbers of patients attending the Traumatic and Fracture clinics, I consider will also call for aid here. It is interesting to outline the growth that has taken place in the Traumatic clinic, which deals with fractures and accident work generally, at the Royal Hobart Hospital.

In 1946-1948 it was necessary only to have one clinic weekly and the attendances ranged from 30 to 50.

From 1948-1950 two clinics were held.

From 1951-1953 three clinics were held.

From 1954-1955 clinics are being held every day, the following are the attendances over the past twelve months:—

July 1954	483	January 1955	226
August	524	February	498
September	540	March	497
October	468	April	617
November	551	May	705
December	503	June	715
		3,069	3,258
			TOTAL 6,327

I think that these figures speak for themselves and show the increase in the work which is taking place at the Royal Hobart Hospital and it is quite evident that adequate assistance must be provided for in this service.

During the past year there have been two residents appointed, one of a senior standing and the other more junior. I have discussed this problem with Dr. Drew and I hope that in the next year it may be possible to have residents remaining attached to the Department for longer periods and get greater continuity of service, which is so all important for this type of work.

Burnie and Spencer Hospitals.

I trust that the amalgamation and integration of the work of these two hospitals will continue. I have already drawn attention to the fact of the desirability of segregation of traumatic and accident work in the Burnie Hospital, with later transfer to the Spencer Hospital, with continuity of treatment.

In conclusion, I should like to place on record my appreciation for the courtesy, willing co-operation and help afforded me by both Medical and nursing staffs at these hospitals.

D. W. L. PARKER,
Director of Orthopaedic Services.

APPENDIX II.

PATHOLOGY DEPARTMENTS.

During the last twelve months requests for pathology tests have continued to increase—both in volume and in scope. It is believed that both the Royal Hobart Hospital and the Launceston General Hospital now have a Pathology Service as adequate and up-to-date as funds available will allow.

Reports on Professional Work in the Hospitals.

1. Launceston and North West Coast.—Excellent work is being carried out at the Launceston hospital by Mr. Hogg. The majority of the work is being carried out at the Launceston hospital, where the better facilities exist, However, where possible operative work is carried out at both the Burnie and Devon hospitals.

It is regretted that staff shortage makes it virtually impossible for any extensive original research to be carried out. There are many avenues for research, particularly in the field of endemic goitre. In this respect, the suggestion of Dr. F. W. Clements concerning the presence of a thyroid blocking agent in certain cattle foods is considered so important that the Health, Agriculture, and other Departments in Tasmania should work together in helping him follow up this lead.

Burnie.

Plans are now well under way for the starting of a Pathology Department at the Darwin Hospital in Burnie. It is anticipated that this department will rapidly grow and will be of great benefit to the people of the North West Coast area. In addition, it will lessen the strain on the Launceston Commonwealth Laboratory, which is short staffed.

Launceston.

Dr. Shoobridge has brought his laboratory up to a high peak of efficiency but the quarters in which he and his staff have to work leave much to be desired.

Hobart.

We are fortunate in having Dr. Paul Nestel in charge of this department, as he has had a very thorough training in Pathology at the Sydney University. The electrophoresis and paper chromatography tests which he performs are of considerable value in diagnosis.

Cytology.

The Papanicolaou technique is now applied extensively in Hobart and is used at the Hallstrom Clinic, by private gynaecologists, and at the Royal Hobart Hospital. The results have been very gratifying and bear out the optimism expressed when cytology was evaluated in an article to the Australian Medical Journal.

The Australian Association of Clinical Pathologists held their Annual General Meeting in Launceston and Hobart in October, 1954. Some excellent papers were presented, but much more important, the general consensus of opinion was that the meeting was an unqualified success generally. In this respect the co-operation of the State Health Department and the hospitals was much appreciated and contributed substantially to the success of the meeting.

CAMPBELL DUNCAN, M.B., B.S.
Director of Pathology.

TABLE D.—PRIVATE HOSPITALS.

Statement showing the Number of Private Hospital Licences issued and Exemptions Current for the year 1955.

Locality	LICENCES ISSUED			EXEMPTIONS CURRENT		
	Medical, Surgical and Maternity	Medical and Surgical only	Maternity only	Total	Medical, Surgical and Maternity	Medical and Surgical only
Hobart	1	1	1	2	1	1
Launceston	2	2	1	4	2	2
Country	2	2	1	4	1	1
TOTAL	5	5	3	13	4	4

These figures are similar to those for 1954.

TABLE E.

Bed Availability—Total Hospital Beds (including hospital beds in St. John's Park and Cosgrove Park, but excluding those in Chest, Mental and Repatriation Hospitals).

Public Hospitals—

Public ward beds:

General	1,492
Maternity	323
Infectious	65
	1,880

Non-Public beds:

General	50
Maternity	78
	128

Total Public Hospital beds

2,008

Private Hospitals—

Non-Public beds:

General	396
Maternity	54
	450

Total Private Hospitals beds

450

TOTAL BEDS

2,458

Non-Public accommodation = 578 = 23.5 per cent of total
Public accommodation = 1,880 = 76.5 per cent of total

Classification of Beds.

General beds—	
Public hospitals	1,542
Private hospitals	396
Total	1,938 = 78.9%
Maternity beds—	
Public hospitals	401
Private hospitals	54
Total	455 = 18.5%
Infectious beds—	
Public hospitals	65 = 2.6%
GRAND TOTAL	2,458 = 100%

Ratio of Bed Availability per 1,000 Population.
(Based on the estimated mean population at 30th June, 1953—313,196.)

General beds (including convalescent and chronic)	6.2
Maternity beds	1.4
Infectious beds	0.2
Total beds per 1,000 population	7.8

*APPENDIX III.***NURSES' REGISTRATION BOARD — ANNUAL REPORT FOR THE YEAR ENDING 30.6.55.***Personnel.*

- Dr. J. Edis, Chairman.
Dr. J. Tremayne, Acting Chairman from May, 1955, during Dr. Edis' absence abroad.
Dr. J. M. Drew, Superintendent, Royal Hobart Hospital.
Dr. C. C. Petrovsky, Superintendent, Launceston General Hospital.
Dr. C. Craig.
Miss J. O. Brown, Lady Superintendent of Nursing, Royal Hobart Hospital.
Miss C. I. Skirving, Lady Superintendent of Nursing, Launceston General Hospital.
Miss B. L. Campbell, Matron, Devon Public Hospital.
Miss L. M. Zwar, Matron, Queen Alexandra Hospital.
Miss N. Winwood, Matron, St. Luke's Hospital.

Meetings.

Six ordinary meetings have been held.

Legislation.

- During this year a number of country hospitals have been registered as training schools for auxiliary nurses.
- The name Child Welfare has been changed to Child Health.
- The clause requiring a medical certificate as a requisite for registration has been deleted.

Training Schools.

Number of training schools is as follows:—

General	10
Midwifery	6
Psychiatric	2
Child Health	2
Tuberculosis	1

The following hospitals have been registered as training schools for auxiliary nurses:—

- Campbell Town Hospital.
N.E. Soldiers' Memorial Hospital, Scottsdale.
Beaconsfield Hospital.
Lyell District Hospital, Queenstown.
Toosey Memorial Hospital, Longford.
Ulverstone General Hospital.

Trainees.

- Applications for training approved: 367.

General	217
Midwifery	95
Psychiatric	15
Child Health	27
Tuberculosis	1

Also auxiliary nurses—12.

- Commenced training: 342.

General	228
Midwifery	83
Psychiatric	1
Child Health	29
Tuberculosis	1

Also auxiliary nurses—17.

- Completed training: 163.

General	62
Midwifery	72
Psychiatric	2
Child Health	27
Tuberculosis .....	...

- Resigned before completion of training: 158.

General	130
Midwifery	18
Psychiatric	7
Child Health	2
Tuberculosis	1

Also auxiliary nurses—1.

Trainees.

- Total number in training on 30.6.55: 640. This includes all sections and auxiliary nurses.

General	509
Midwifery	70
Psychiatric	34
Child Health	10
Tuberculosis	1
Auxiliary nurses	16

Examinations.

- Educational examinations for intending trainees: There have been no candidates for this examination this year.

- Examinations for the registration of nurses:
- | | |
|----------------------------|-----|
| Number held | 3 |
| Number of candidates | 200 |
| Number passed | 193 |
| Number failed | 7 |

Details of results:

Subject	No. of Cands.	Passed.	Failed.
General	89	86	3
Midwifery	77	76	1
Psychiatric	5	4	1
Child Health	29	27	2
Tuberculosis .....	...	...	...

Registration of nurses.

- Applications approved: 506.
- | | |
|--------------------|-----|
| General | 291 |
| Midwifery | 155 |
| Psychiatric | 5 |
| Child Health | 49 |
| Tuberculosis | 6 |

- Registrations renewed: 1,571.

General	945
Midwifery	488
Psychiatric	54
Child Health	122
Tuberculosis	12

The number of persons who renewed registration: 1,049.

- Total number of registrations current: 2,339.

General	1,356
Midwifery	716
Psychiatric	60
Child Health	192
Tuberculosis	15

Also auxiliary nurses—2.

- Number of registered persons on current register:

As follows:—	Persons.	Registrations.
General only	762	762
Midwifery Only	137	137
Psychiatric only	50	50
Tuberculosis	7	7
General and Midwifery	404	808
General, Midwifery and Child Health	164	492
General and Psychiatric	4	8
General and Child Health	10	20
General and Tuberculosis	5	10
General, Midwifery, and Psychiatric	2	6
Midwifery and Child Health	3	6
General, Midwifery, and Tuberculosis	1	3
General, Midwifery, Psychiatric and Child Health	3	12
General, Midwifery, Psychiatric and Tuberculosis	1	4
Child Health	12	12
Midwifery and Tuberculosis	1	2
	1,566	2,339

Note.—Some nurses shown on register as Midwifery only, Child Health only, or Midwifery and Child Health, have been registered as general nurses as well, but general registration, having been effected earlier, has lapsed and not been renewed as the nurses have left the State. The other registrations, having been effected later, have remained current after the general registration has lapsed.

5. Foreign trained nurses at present registered: 6.

Dutch	3
Polish	2
Austrian	1

A number of others have been registered, but have left the State.

6. Registered auxiliary nurses: To date nine auxiliary nurses have been registered, but only two have renewed registration for the current year.

Post-Graduate Diplomas.

Nursing Administration Diploma	2
Sister Tutor Diploma	2
Ward Sister Diploma	3

There is one sister undergoing the Sister Tutor course in London at present and one doing the Midwife Tutor's course in Australia.

General.

Child Health.—During this year the Social Services Department has called one section of their work Child Welfare. To avoid any confusion, the Nurses' Registration Board has altered the title Child Welfare nurse to Child Health nurse.

Central Preliminary Training School.—This school was opened at Latrobe on the 28th July, 1954, and five schools have been held. Fifty-seven students have attended and have come from the Devon Hospital, Spencer Hospital, Burnie Hospital, Zeehan District Hospital and Lyell District Hospital. The smaller training schools are finding this school a great help to them. Consideration is now being given to extending the scope of the school by including a more senior block to be attended by nurses in their second year of training. It is hoped that this will be implemented soon.

Age of Registration.—We still have a number of nurses who complete their training at the age of twenty years and who are not eligible for registration until they are twenty-one. An attempt was made to alter the existing legislation to allow registration at 20 but the Legislative Council did not pass it and the matter has been left in abeyance at present.

Educational Standard of Trainees.—The Board has decided to ask for the raising of the educational standard required for trainees, but legislation has not yet been prepared to give effect to this.

Vocational Guidance Tests.—For some time Vocational Guidance Officers of the Commonwealth Employment Service have carried out vocational guidance tests on trainees at the Royal Hobart Hospital and the Launceston General Hospital. This service has been extended recently to include students at the Central Preliminary Training School. This means that trainees from all our training schools are now able to have these tests.

Training of Auxiliary Nurses.—During this year the training of auxiliary nurses has been separated from the training of general nurses. Five country hospitals, not previously recognised as general training schools, have been registered to train auxiliary nurses only. Three of these hospitals have already commenced this training and it is expected that the others will do so shortly. It is felt that this will be more satisfactory than undertaking this training in the general training schools and that it will mean that more benefit is derived from this service.

The Board will still accept the first year of general training if any nurse who does not complete her general training and who has successfully completed the first year of this training, wishes to register as an auxiliary nurse.

As more girls are now undertaking this auxiliary training, it is hoped that in time many of the untrained nursing aids employed in hospitals and institutions will be replaced by registered auxiliary nurses and thus raise the standard of this section of the nursing staff.

JAMES TREMAYNE, M.B. (Syd.), M.R.A.C.P.,
Acting Chairman.

L. H. SIDEBOTTOM, Secretary.

APPENDIX IV.

Statistics.—St. John's Park, New Town, for the Year Ended 30th June, 1955.

Number of Beds Available—

Female Division	162	Including 81 hospital beds
Male Division	302	Including 118 hospital beds
TOTAL	464	199

PATIENTS.

Year	No. resident at commencement of year			Admitted			Discharged			Deaths			Remaining at end of year			Average daily No.
	M	F	T	M	F	T	M	F	T	M	F	T	M	F	T	
1953-54	254	145	399	175	71	246	75	21	96	99	43	142	255	152	407	399.77
1954-55	255	152	407	200	73	273	104	20	124	76	54	130	275	151	426	416.61

<i>Summary.</i>	1953-54	1954-55.
Number resident at commencement	399	407
Admitted during year	246	273
	645	680
Discharged during the year	96	124
Deaths during the year	142	238
	—	130
Number resident at close of year	407	426
<i>Finance.</i>	£	£
Revenue:		
Commonwealth Hospital Benefits	22,465	25,093
State aid (net cost)	104,013	121,919
Invalids and old age pensions contributions	23,250	23,175
War Service pensions contributions	1,559	1,426
Private maintenance	3,003	5,386
Laundry services	482	579
Sundries	434	439
	£155,206	£178,017
Expenditure:	£	£
Salaries	92,570	104,103
Provisions and medical comforts	37,537	40,229
Fuel and light	7,486	6,573
Bedding, clothing and stores	15,191	16,184
Repairs and renewals of buildings	1,348	5,046
Sundries	1,074	5,882
	£155,206	£178,017
Gross daily cost per inmate	1 1 3	1 3 5
Net daily cost per inmate	0 14 3	0 16 0
Gross weekly cost per inmate	7 8 10	8 4 1
Net weekly cost per inmate	4 19 9	5 12 4

BUSH NURSING HOSPITALS.

There have been 26 centres in operation, including 12 hospitals, and 14 centres not admitting in-patients. Of the latter two were open only two-thirds of the year, due to staff shortage. Three new hospitals are in course of construction at Dover, Sheffield, and Westbury. Staffing of the centres—particularly hospitals—continues to cause much concern.

Nursing sisters who are widowed or past retiring age are still being recruited, and staff the majority of centres. Further nurse nominations from other countries are being planned to help the situation.

Extra amenities and further modern equipment have been provided in many of the hospitals, keeping them in line with modern medical progress. New electrical house-cleaning and laundry devices have also been purchased. Painting and

renovations have been maintained throughout. New ambulances and cars have been provided for some districts, and several replacements have been made.

The Northern Bush Nursing Association successfully organised its annual button day appeal, and they, together with local Bush Nursing Committees, Auxiliaries, Medical Unions, Country Womens' Association Branches, the Red Cross Trust, and other honorary bodies, have assisted the department substantially with supplying new equipment and furnishings. Grateful thanks are extended to all who have assisted so generously.

Outlined hereunder are brief notes about some of the centres.

Dover.—A new 5-bed hospital is in course of construction, and almost completed.

Maydena.—A new patients' waiting room has been built on to the surgery unit, by Australian Newsprint Mills, adding considerably to patients' comfort.

Ouse.—Complete and fully equipped staff quarters have been erected next to the hospital, increasing patient bed capacity to 12. Nursing and domestic staffs have been increased proportionately, excepting for periods when nursing shortage could not permit of it. Apart from long-service given by one nursing sister and one nurse aid, there have been many staff changes, causing concern.

In-patient and out-patient numbers have again increased.

George Town.—This new hospital during the past year has become established in the community. A very live auxiliary, and kindred associations have helped materially in equipping. Grounds are improving with the aid of further drainage undertakings. Staffing by local married trained nurses is proving successful.

Mole Creek.—This centre has made notable advances in the formation of an active auxiliary, which during the year has made possible a number of improvements, at the same time extending health work in the more out-lying areas.

Redpa.—With the extension of hydro-electric power, this, one of the earlier functioning centres has been modernised. During the time, repairs were in progress it was unstaffed, being re-opened in January of this year. A Marrawah Child Health Clinic is established, with the help of the Progress Association assisting with necessary furnishings.

TABLE F.

Summary of Work Performed in Bush Nursing Service—July, 1954 to June, 1955.

Name of Centre	No. of Hospital Beds	Visits to Surgery	Visits to Patients	Nursing Days in Hospital	Maternity Patients	Pre-Natal Visits	Child Health Visits	School Visits	Mileage	Fees Earned
Southern—										
Alonnah (Bruny Island)	2	548	123	32	3	75	354	10	765	£ 31 9 6
Cygnet	5	932	45	500	31	168	159	4	577	644 2 10
Koonya, Tasman	5	438	5	366	22	9	64	....	1,763	328 4 4
Maydena	Nil	2,257	255	....	....	60	91	....	921	53 8 0
Oatlands	5	1,807	2	376	24	117	382	....	....	411 2 0
Ouse	8	6,409	14	1,652	100	342	228	....	5,933	1,722 15 6
Sorell	4	2,675	7	339	38	269	159	....	....	318 18 6
Southport	2	1,290	48	82	9	114	118	3	736	113 9 6
Strahan	Nil	1,975	627	....	....	175	243	6	3,432	42 2 0
Swansea	4	2,646	194	170	13	146	291	....	39	207 9 3
Triabunna	3	1,892	109	158	10	100	372	14	171	264 11 5
Totals	11	38	22,869	1,429	3,675	250	1,575	2,461	37	14,337 4,137 12 10
Northern—										
Avoca	Nil	16,653	120	....	....	12	352	3	892	60 11 3
Cape Barren Is.	1	594	131	....	....	....	28	7	167	....
George Town	5	493	4	274	27	276	267	12	....	246 17 3
Gladstone	Nil	996	675	....	....	199	612	26	6,784	85 12 0
Grassy (King Island)	Nil	6,304	389	....	....	204	1,177	4	5,026	217 14 2
Lilydale	Nil	788	1,857	....	....	70	623	6	6,411	287 1 0
Mole Creek	Nil	1,207	296	....	....	45	277	11	1,607	64 6 0
Redpa	Nil	1,171	557	....	....	21	254	11	2,310	45 11 0*
Ringarooma	Nil	2,669	142	....	....	44	505	....	809	71 15 9
Rossarden	Nil	6,170	2,233	....	....	738	1,708	4	8,818	100 18 5
St. Helens	4	305	5	350	28	164	456	....	24	280 9 6
Storeys Creek ..	Nil	1,985	981	....	....	2	192	4	2,804	....
Tullah	Nil	382	174	....	....	38	27	5	116	....
Waratah	Nil	828	1,062	....	....	34	370	2	6,160	....
Whitemark, Flinders Is.	5	661	1	529	6	31	210	....	20	347 13 6
Totals	15	15	26,206	8,627	1,153	61	1,878	7,058	95	41,948 1,808 9 10
Grand Totals	26	53	49,075	10,056	4,828	311	3,453	9,519	132	56,285 5,946 2 8

* Open for 8 months.

Comparative Figures for Five Years, 1950-51 to 1954-55.

Year	Total No. of Hospitals and Centres	No. of Beds	Visits to Surgery	Visits to Patients	Nursing Days in Hospital	Maternity Patients	Pre-Natal Visits	Child Health Visits	School Visits	Mileage	Fees Earned
1950-51	25	50	31,182	7195	4449	278	1823	7172	114	42,607	£ 902 18 9
1951-52	25	57	38,606	7104	4817	323	2103	5827	126	37,268	1,243 10 7
1952-53	25	54	45,825	9191	4920	380	2812	7799	114	51,484	3,636 14 8
1953-54	27	57	45,081	9755	4369	290	2596	8888	92	58,374	5,650 8 3
1954-55	26	53	49,075	10,056	4828	311	3453	9519	132	56,285	£ 5,946 2 8

TOURIST EMERGENCY NURSING SERVICE.

This continues to act as an invaluable supplementary service for supplying temporary nursing staff to Public and Bush Nursing Hospitals.

The number of nursing sisters employed has fluctuated between 6 and 20, and periods of their employment have ranged between 3 and 12 months.

In rare instances some have served longer than 12 months and returned after having had annual leave.

At the end of June 1955, there were seven attached to this staff.

SUMMARY of the Work Performed by Government Medical Officers during the Year Ended
30th June, 1955.

District.	Population.	Date of Commencement of Service in District.	Number of Attendances upon Patients, showing Location of Attendances (excluding Workers' Compensation and Midwifery Cases which are shown separately).			Number of Workers' Compensation Cases	Number of Midwifery Cases	Total of all Attendances	Mileage Covered.
			Residence.	Surgery.	Hospital.				
Bruny	591	1.3.38	1,086	148	40	1,274	—	1,274	6,133
Esperance ...	3,200	11.3.38	1,729	3,080	644	5,453	—	—	11,700
Evandal	1,676	1.7.47	2,559	3,443	—	6,002	198	9	5,462
Flinders	1,027	1.5.38	1,038	2,098	332	3,468	64	—	6,200
Glamorgan-Spring Bay	2,147	18.5.38	511	2,436	—	2,947	68	16	3,538
George Town ...	2,516	5.1.40	1,131	4,133	70	5,334	312	2	8,180
Hamilton	6,143	1.5.38	2,026	4,688	1,672	8,566	74	1	8,641
Kingborough ...	8,335	1.3.38	1,150	5,492	—	6,642	4	... ... ... ...	15,757
King Island ...	2,554	1.9.38	553	6,771	1,444	8,768	327	1	6,646
New Norfolk ...	9,429	9.8.46	1,583	8,912	1,361	11,856	129	2	12,479
Penguin	3,889	13.7.38	1,095	7,384	10	8,489	44	3	9,095
Port Cygnet ...	2,861	1.7.40	1,062	3,259	225	4,546	59	13	10,109
Portland	1,412	14.6.39	2,446	3,216	257	5,919	98	16	11,358
Richmond	1,679	6.8.52	2,929	2,197	14	5,140	12	2	10,843
Ringarooma ...	3,440	1.1.40	822	2,952	8	3,782	247	... ... ...	10,452
Scottsdale	3,189	5.8.39	1,424	10,297	7,500	19,221	486	19,707	9,089
S 11	2,391	1.12.38	2,271	6,469	2	8,742	6	4	11,078
Tasman	1,079	21.4.38	1,495	2,077	240	3,812	98	10	8,752
Totals ... ...	...	...	...	...	...	26,910	79,232	13,819	183,696
						2226	119	84	122,271

JAMES TREMAYNE, M.B. (Syd.), M.R.A.C.P.

Acting Director-General of Medical Services.

Section II.—Report of the Director of Public Health for the Year ended 30th June, 1955

It is essential that we should have always before us the aim of all organisations devoted to public health—to keep people well. We should put first things first. In any community it is not enough merely to provide accommodation and treatment for the sick. Indeed, with the increasing complexity of modern hospitals and medical treatment, provision for the sick has become an exceedingly costly business; and therefore economics joins with common-sense to urge us to devote as much effort as possible to keeping people out of hospital or shortening their stay when they do have the misfortune to arrive there. It cannot be too strongly stressed that, to the community, prevention is not only better, but also usually much cheaper, than cure.

Prevention of disease depends very largely on health education; and education, in turn, depends on exact knowledge. Unfortunately, there are large gaps in our knowledge of health; there is, for example, the great discrepancy between the information available about the causes of death, and that available about the causes of illness. From statistics of mortality we have ample and reasonably precise information about the diseases that are notified as the actual causes of death, and about the changes that have taken place in these. We know, for example, that in the last fifty years, lung cancer has greatly increased its toll of human life; and we know, also, that there is a considerable volume of evidence that it affects cigarette smokers very much more than non-smokers.

There is very little comparable information, in an easily accessible form, about those diseases which are a cause of invalidity, either temporary or permanent. It is probable that a great deal of useful information is hidden in figures that could be extracted, by appropriate statistical treatment, from hospital records. Although at first sight this appears to be a matter purely of hospital administration, in actual fact it has far wider implications. The production of a series of morbidity figures, compiled by competent statisticians from hospital statistics would give us exact information about the causes of admission to hospital, and which of these are responsible for patients remaining in hospital for a long time. Obviously these are some of the diseases on which we should concentrate our preventive efforts; but until we know what these diseases are, we must be guided partly by tradition and to some extent by guess-work.

We do know that the pattern of diseases has changed during this century, so that some diseases which presented a very serious problem fifty years ago, do so no longer. In the absence of exact morbidity figures we do not know the full extent of this change. There is evidence that the serious intestinal diseases of the past, such as typhoid fever, are not such a menace in this country as they were. The credit for this change is usually given to modern sanitation; but there is room for doubt whether this is the whole explanation. Environmental sanitation is still seriously neglected in many areas; slum pockets still occur; in both town and country there are overcrowded and sub-standard houses, some of them inhabited by people who neglect many of the rules of modern hygiene; and yet this change in the pattern of disease has occurred.

The rapid growth of population in Australia in recent years has produced special problems, both social and sanitary. Reference to the demographic section of this report will show that, in Tasmania, the increase in population since 1933 has been entirely urban. Indeed, there has been a slight decrease in rural population in this period; and it can be seen from a brief study of the figures that the expansion of Hobart, Launceston, and Burnie accounts for almost the whole of the increased population of the State. As in other parts of Australia, the growth of population has outstripped the provision of housing; and, in an attempt to overcome this, expansion on the outskirts of towns has led to the subdivision of land into building blocks, often without the provision of normal urban services, so that in some new housing areas sanitation is primitive and drainage non-existent. There has also been an encroachment of the suburbs on land previously used for growing vegetables, and in some cases on areas that should have been reserved as open spaces. All of this points to the need for more detailed planning in the development of cities and towns; and indeed there is a great urgency for planning if we are to avoid the mistakes made in other parts of the world. We should be at pains to learn from these mistakes; as Bismarck said, "only a fool learns from his own experience".

In both town and country, municipal services have not kept pace with expansion of housing. Sewerage is a very pressing need in many localities; and the wholesale installation of septic tanks, which is often advocated, is no real solution to this problem. The area of ground required for the satisfactory disposal of household wastes varies according to the nature of the sub-soil; but, in general terms, it is very difficult to dispose of both sullage and septic tank effluent within the confines of an ordinary suburban building block, unless conditions are very favourable, and it is quite impossible if conditions are at all difficult. There is no real alternative to properly planned sewerage in most areas that are rapidly becoming urban; and a most undesirable situation often develops on the outskirts of a town, in which household waste, including septic tank effluent, is allowed to trickle into ditches by the roadsides or lie about in stagnant pools to which young children gain access.

Garbage disposal is another municipal service that has not kept pace with the times. The usual practice is to dispose of household garbage by uncontrolled tipping; this produces an evil-smelling refuse dump that is a breeding place for flies, rats, and other vermin. Very few, if any, local authorities show any appreciation of the fact that it is possible, by controlled tipping, to produce a garbage dump that is free from nuisance.

The demographic section of this report also shows that, contrary to the popular impression, there has been a greater increase in the age-group "under 10" since 1933 than in some of the older groups. This, in turn, has caused a demand for extension of child health services, in the form of baby health centres and school medical and dental services. Changing social conditions have altered the nature of the service needed in a baby health centre. While we still see cases of

malnutrition, requiring advice to the mother on general principles of feeding, we see more and more cases seeking advice on problems arising from the difficult living conditions of these times. These problems call for a new approach and a wider knowledge from members of our staff; and we shall have to amend our training methods accordingly.

The growth of population has undoubtedly thrown a great strain on the educational system, and it is probable that this has some impact on health. For example, where the sudden growth of a district has caused over-crowding in a school, there is an extra opportunity for dissemination among the children of those diseases that are spread by droplet infection. Similarly the operation of the area school system has meant that there is a greater mingling of children from previously isolated communities. It is doubtful whether the resultant effect of this is good or bad. Undoubtedly there is increased opportunity for the dissemination of infection; but, theoretically at any rate, this may result in increasing the natural immunisation against some diseases. Here is a fascinating field for research; and, until it is explored, nobody will know the real answer. Research is also needed into the possible effect of fatigue upon children who travel long distances to school; and it is hoped that, in the not-too-distant future, the staff of the school medical service may be able to overtake the accumulated arrears of routine work, and give some attention to problems like this.

The reports of the heads of the various sections of the Public Health Division are annexed to this report as appendices. Of them, and of the various matters considered under separate headings in the Director's report in previous years, the following call for comment:—

LEGISLATION.

The most important change has been the adoption of a new standard list of dyestuffs, the addition of which to food is permitted. The practice of adding colouring matter to food, to alter its appearance without improving its nutritive properties, has little, if anything, to commend it; but unfortunately it is a practice that has grown up over the years, and one that seems to have public recognition. The list of dyes formerly permitted included some whose chemical composition suggests that they may be poisonous in small, repeated doses. This list has now been pruned of its more undesirable members; and it will be reviewed from time to time by the Food Standards Committee.

ENDEMIC GOITRE.

The theory put forward by Dr. F. W. Clements and mentioned in my last report, has been investigated during the year. Briefly, Dr. Clements suggested the possibility that a substance, shown by Astwood of Boston to exist in certain plants of the Brassica family, and causing a disturbance in the functioning of the thyroid gland, might be secreted in the milk from cows which had been fed on plants of the Brassica family grown as winter fodder. After discussing this theory with Dr. Clements in September, 1954, I made application to the National Health and Medical Research Council for a grant to pay the salary of a chemist for a year, to do the routine work in connection with an investigation of milk from various

sources. Unfortunately, the Council—in their wisdom—saw fit to refuse the application. In these circumstances we were thrown back on our own resources; and, in a spirit of co-operation all too rare in these times, the Government Analyst agreed to accept the responsibility for the very involved chemical work that would be necessary.

The Department of Agriculture has been most helpful in collecting very detailed information about the feeding of most of the dairy herds in the State, and, later, in arranging to obtain milk for investigation from cows whose exact feeding was known. This enabled our laboratory staff to embark on the very complicated task of obtaining, by a series of chemical extractions, from each gallon of milk, a few drops of liquid which were then sent to Dr. Clements in Sydney, for testing to see if they contained the active principle. The testing was done partly on human volunteers and partly on laboratory animals; and it involved the use of very delicate instruments for measuring radioactivity, which are available only in Sydney.

The tests so far done indicate that there is some substance in the milk from cows fed on chou moellier, which does have a disturbing influence on the function of the thyroid gland. Further information is required before we can definitely associate this substance with the actual occurrence of goitre; the first step will be its actual isolation, which may take many months of patience, and much involved chemical work. It is obvious that we must prove the association between goitre and chou moellier before we take the extreme step of advising the milk-producing industry that the use of this very valuable fodder is dangerous to human health. At the moment, all we can say is that there is very strong suspicion against chou moellier. Work is still proceeding, in search of the absolute proof.

In the meantime it must not be forgotten that the majority of cases of endemic goitre in Tasmania are due to iodine deficiency. There is every reason to continue the regular distribution of tablets of potassium iodide to children and expectant and nursing mothers; these tablets are available from schools and baby health centres.

NOTIFIABLE INFECTIOUS DISEASES.

The figures for the year are low, total notifications being 299, of which tuberculosis accounts for 190. The only disease which calls for comment is poliomyelitis. Sixteen cases were notified during the year, of which 12 were non-paralytic and one was fatal. There is room for some doubt about the diagnosis in some, at least, of the non-paralytic cases, owing to the fact that diagnosis in doubtful cases depends on laboratory investigations, facilities for which are not available in this State. To close this loophole, arrangements have been made for specimens for examination to be referred to the Virus Research Laboratory of the Queen's Memorial Hospital at Fairfield, Victoria. I have to thank Dr. McLorinan, of the hospital, and Dr. Ferris, of the laboratory, for their co-operation.

During the first half of 1955, very considerable publicity was given, in most parts of the world to the release for general use in U.S.A. of the Salk poliomyelitis vaccine. Subsequent events proved that the use of this vaccine, as produced at that time in U.S.A., was not as safe as had

at first been reported. At this stage it became necessary for the Surgeon-General of the U.S. Public Health Service to cancel the use of certain batches of vaccine. It appears that inadequate records had been kept, either by manufacturers or health authorities; therefore, it was not possible to trace the distribution of suspect batches of vaccine; and the only step that the Surgeon-General could then take was to cancel, for a time, the whole immunisation programme. The lesson to be learned from this is that the most detailed records should be kept of the distribution and administration of any new biological product. It is apparent that when, or if, similar products are available here, much more detailed records will be required than have hitherto been kept of the comparatively safe and proven agents for immunisation against diphtheria, whooping cough, and tetanus.

In considering any programme for immunisation against poliomyelitis it should be remembered that, contrary to the popular impression, this is a disease that produces recognisable illness in only a small minority of the population; and of the recognisable cases, only a small proportion is left with any final disability. It is necessary to balance the risk to this small number against the possible risk of any immunising procedure; and in doing so, it is still more necessary to preserve a sense of proportion. For example, it is not generally recognised that accidents are a far more serious cause of death and crippling than poliomyelitis; and the part played by accidents has greatly increased with the passing of the years. Before 1920, accidents were responsible for less than 10 per cent of all deaths of children under five in Australia, and less than 20 per cent in the age-group five-nine. In the years 1946-50 the proportions were 25 per cent and 36 per cent respectively. In the calendar year 1954 there were 36 deaths from accident in children aged 0-16 in Tasmania. By contrast in 1950-51, which was a "bad" year for poliomyelitis, there was one death in the age-group 0-9, and there were four in the group 10-19. If statistics of morbidity were available, it would be interesting to compare the number of hospital bed-days per year for accident cases and for poliomyelitis.

GENERAL SANITATION.

Full details are contained in the report of the acting Chief Inspector. There is little for me to add to this report. I can endorse every word that Mr. Wolnizer has written about private slaughter houses, and also about the difficulties of drainage, particularly in unsewered areas. There is urgent need for local authorities to provide municipal slaughter houses for towns; and to give very much more consideration to plans for drainage before approving of subdivisions of land. Under the Towns Act it is the responsibility of the local authority to satisfy itself that plans for drainage submitted by subdividers of land are adequate; but some local authorities do not fully realise their responsibility.

CHILD HEALTH WORK.

The reports of the Supervisory Sister, and the Matron of the Mothercraft Home are attached.

Work during the year has been greatly helped by the valuable co-operation of the Child Welfare Association. The members of this society display

an enthusiasm which is heartening—and occasionally embarrassing when I have the difficult task of explaining to an eager committee that there are no funds to enable the department to build a new centre this year. Standard plans have been drawn up to enable centres to be built in the most economical way; and these plans are recommended to local committees of the Association in preference to designing each new building separately. Unfortunately, members of a local committee sometimes consider it a matter of prestige that their town should have a bigger and better centre than the town down the road; and this feeling has militated to some extent against the adoption of standard plans, which after all are in the interests of the greatest number.

It is regrettable that, on present indications, very little money will be available for the erection of new centres to carry on this most important work.

SCHOOL HEALTH SERVICE.

It is gratifying that the medical staff is now large enough to allow some prospect that, in the coming year, the full programme of school medical examinations will be carried out. It is also gratifying that, during 1954-5, there was only one change in the nursing staff.

The work of the School Medical Service is essentially that of health education. The main task of medical officers and nurses is to explain to mothers the importance of a few simple rules of health; and the apparently healthy child requires practically as much time and attention as the child in whom a defect is discovered at examination. The key-note of success is to gain the confidence of the mother; for this, a stable staff is essential.

The most important change in the School Dental Service has been the adoption of allotting dentists to particular districts. Each district contains between 2,000 and 3,000 school-children; and experience suggests that it should be possible for a dentist to see each child in such a district at least twice in three years. Under the old arrangement, by which a dentist moved on from district to district, without even establishing headquarters anywhere, it was not possible to obtain a stable staff. Young men came, worked for us for a year or two, became tired of living always in suitcases, and drifted off to other work. Under the new system it is hoped that each dentist will be encouraged to make his home in the centre of the district in which he works, knowing that it will be reasonably permanent, and that he will have an opportunity for normal home life. It is most unfortunate that, at the end of the financial year, shortage of funds prevented the appointment of the last three dentists needed to complete this scheme. Applicants were available at that time, but may not come forward later.

STAFF.

Details of changes in staff appear in the various appendices to this report.

The retirement of two experienced inspectors, Mr. W. J. Davies and Chief Inspector H. H. Parker, leaves a gap in the staff of the Division that will be hard to fill. Mr. Parker had been a member of the Department for about forty years, and had a fund of practical knowledge that was invaluable.

During the year, the office staff of the Division has carried on under most difficult conditions. Congestion in all rooms on the floor shared with the Hospitals Division and the central administration of the Department had reached the stage at which it was not possible to find room for anyone else. At no time was the typing staff completely adequate for the work that had to be done; and, in consequence, some other officers of the Division had, at times, to do their own typing. It is obviously uneconomic to employ staff with professional and technical training in this kind of routine office work; and only the fact that there was insufficient room for more clerical staff could justify it, even temporarily.

I have to thank all members of the staff who have contributed to another year's work, with a special word of praise for the office staff who managed to get so much done under difficulties. It is hoped that, in new offices during the coming year, this particular difficulty will be overcome.

H. M. L. MURRAY, L.R.C.P., L.R.C.S.
(Edin.), L.R.F.P.S. (Glas.), D.P.H.
(Eng.).

and economic uncertainty and a certain amount of hardship seem to have left many of them in poor general health. Many are now suffering from diseases which could have been detected and perhaps cured, had a Government Medical Service been available in their youth.

We are, therefore, faced with a problem of caring for old men and women who are not sufficiently and acutely ill to require hospitalisation, but who through neglected disease, internal disorders, or general debility, cannot care for themselves.

The decrease in the number of population of working age and the increased demand for labour during the economic upsurge after the war, have brought about significant changes in the pattern of family life. More women have gone to work, the responsibility of caring for aged parents and relatives has not been taken so seriously, and the houses built tend to make less provision for such care. Therefore, the care of the aged has become an acute social and public health problem and the provision of home nursing service for these people is now an urgent matter.

It is quite clear, however, from the population pyramid, that this tendency will not continue indefinitely. Even if the tendency for longevity increases, the nascent decline in the birth rate will in time bring about a re-arrangement of the population pyramid similar to that of 1921.

The unprecedented increase in the birth rate between 1945 and 1953 has brought about a great increase in the school population (in some years in the region of 22 per cent per annum) and, therefore, a great increase in the demand for child health and school medical services.

DEMOGRAPHY.

Several factors have combined to bring about important changes in the age structure of the Tasmanian population during the last thirty years.

(a) Depression.

The depression between 1929 and 1937 brought a reduction in the birth rate. As people born during those years are now reaching the 20-40 age group, this is comparatively smaller than either the 0-20 or the 60 and over groups.

(b) War.

There was a decline in the birth rate during the first years of the war, but towards the end of 1945 the birth rate rose very rapidly.

(c) Post-war.

The rise in the birth rate continued until 1953, but has declined since and at the moment it is still declining.

The combined effects of these population moves are that the working population is much smaller in comparison to the non-working population than it has been for the last thirty years.

There is also some evidence that the expectation of life in Tasmania has increased by about seven years during the same period. This has meant a comparatively larger group of old people. Many of these old people have spent the greater part of their working lives during the depression years,

POPULATION DISTRIBUTION.

Growth of Cities.

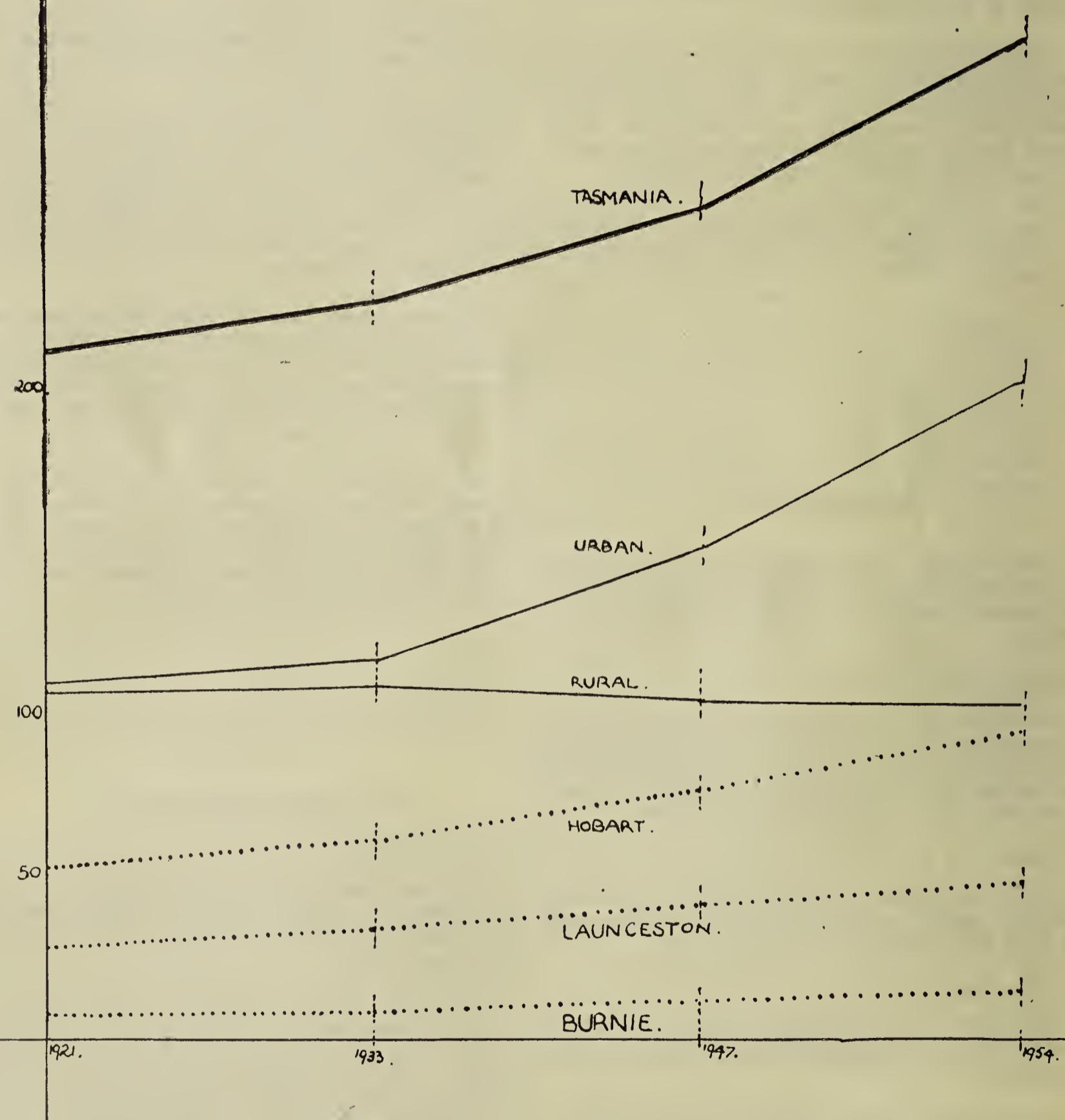
From the accompanying graph it will be seen that almost the total increase of population in Tasmania has been due to the growth of cities and urban areas.

This tendency has resulted in many public health problems which may have a far-reaching effect on the health of the people during the next decade. Some of these problems are connected with nutrition, mainly due to the decrease of land available for vegetable production, leading to an increasing use of tinned foods, and chemical substitutes for nutritive material which has previously been obtained from fresh fruit and vegetables.

The growth of cities has presented us with problems of environmental sanitation, water supply and sewerage. The lack of planning of cities and the disappearance of many parklands has also had a detrimental effect on general health.

POPULATION, TASMANIA.

in 1000's.



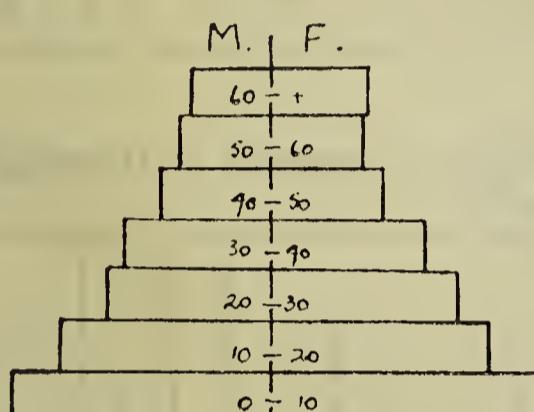
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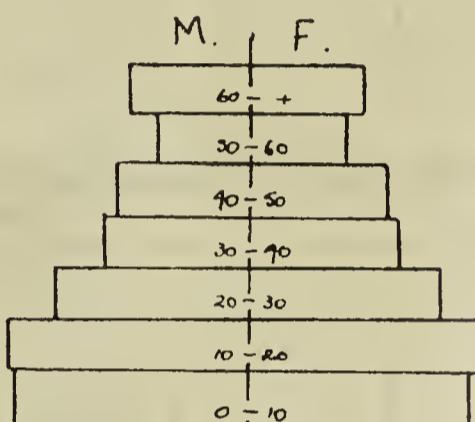
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DISTRIBUTION

TASMANIA



1921.



1933.

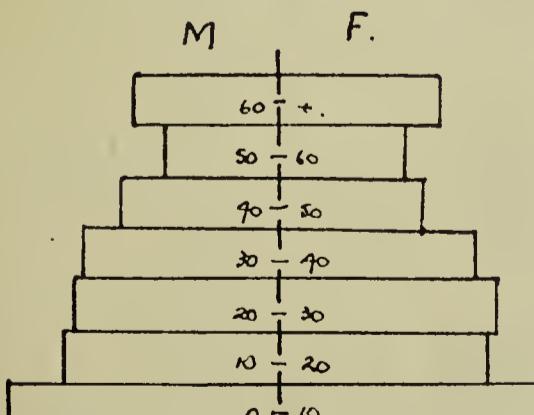
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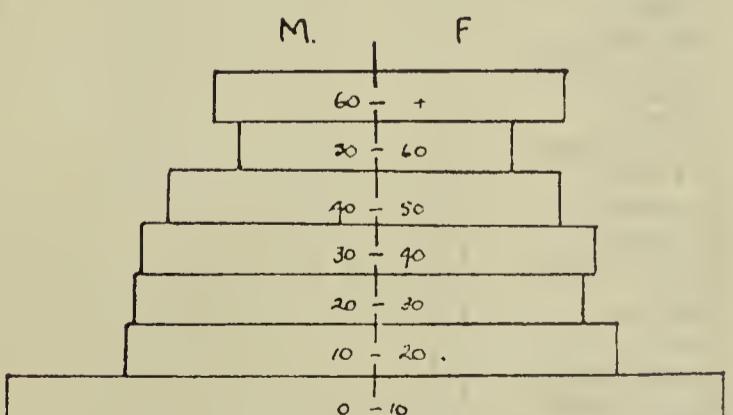
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DISTRIBUTION

TASMANIA



1947.



1954.

TABLE H.

*RETURN Showing Monthly Notifications of Notifiable Infectious Diseases During the Year
1954-55.*

Month													Total			
	Me: ingitis	Scarlet Fever	Hydatids	Diphtheria	Malaria	Poliomyelitis	Infantile Diarrhoea	Brucellosis	Hepatitis	Rubella	Typhoid Fever	Bacillary Dysentery	Encephalitis	Puerperal Fever	Tuberculosis	
July ..	1	6	1	1	1	1	1	1	1	1	1	1	1	1	19	
August ..	2	1	2	3	2	2	1	1	1	1	1	1	1	25	28	
September ..	1	2	2	1	1	1	1	1	1	1	1	1	1	13	19	
October ..	4	2	2	1	1	1	1	1	1	1	1	1	1	13	19	
November ..	2	1	1	1	1	1	1	1	1	1	1	1	1	17	23	
December ..	1	1	2	1	1	1	1	1	1	1	1	1	1	18	34	
January ..	1	1	1	1	1	1	1	1	1	1	1	1	1	15	27	
February ..	1	1	1	1	1	1	1	1	1	1	1	1	1	19	25	
March ..	1	1	1	1	1	1	1	1	1	1	1	1	1	17	26	
April ..	1	1	1	1	1	1	1	1	1	1	1	1	1	11	18	
May ..	1	1	1	1	1	1	1	1	1	1	1	1	1	18	23	
June ..	2	1	1	1	1	1	1	1	1	1	1	1	1	13	28	
Total	15	21	6	6	1	16	1	1	22	2	3	12	2	1	190	299

TABLE I.

*RETURN Showing Notifications of Notifiable Infectious Diseases, according to Municipalities,
During the Year 1954-55.*

Municipalities	Meningitis	Scarlet Fever	Hydatids	Diphtheria	Malaria	Poliomyelitis	Infantile Diarrhoea	Brucellosis	Hepatitis	Rubella	Typhoid Fever	Bacillary Dysentery	Encephalitis	Puerperal Fever	Tuberculosis	Total	
Beaconsfield ..						1										6	13
Bothwell ..							1									1	1
Brighton ..																2	2
Bruny ..																	14
Burnie ..																	
Campbell Tn.																	3
Circular Hd.																	5
Clarence ..																	8
Deloraine ..																	1
Devonport ..																	5
Esperance ..																	3
Evandale ..																	1
Fingal ..																	10
Flinders ..																	3
George Tn.																	1
Glamorgan ..																	1
Glenorchy ..																	27
Gormanston ..																	
Green Ponds ..	1																1
Hamilton ..																	4
Hobart ..	4		6	1													50
Huon ..																	1
Kentish ..																	1
Kingborough ..																	7
King Is. ..		1															25
Latrobe ..		1															2
Launceston ..		1															44
Lilydale ..				4													1
Longford ..				1													3
New Norfolk ..																	3
Oatlands ..			1														16
Penguin ..																	3
Port Cygnet ..																	3
Portland ..																	3
Queenstown ..																	3
Richmond ..																	6
Ringarooma ..	1		1														2
Ross ..																	5
Scottsdale ..	1																3
Sorell ..																	2
Spring Bay ..																	1
St. Leonards ..	1		1														3
Strahan ..																	1
Tasman ..																	2
Ulverstone ..	2																6
Waratah ..																	1
Westbury ..																	4
Wynyard ..																	1
Zeehan ..																	9
TOTAL ..	15	21	6	6	1	16	1	1	22	2	3	12	2	1	190	295	

TABLE J.
ACUTE ANTERIOR POLIOMYELITIS.

DIPHTHERIA.

Month.	Under 5 yrs.		5 yrs. & under 10.		10 yrs. & under 20.		20 yrs. & under 45.		45 yrs. & under 65.		65 yrs. & over.		Totals.	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
July
August	...	1	...	...	...	...	...	...	...	...	...	...	...	1
September	1	...	...	...	...	...	...	1
October	1
November	1	...	...	...	...	...	1
December
January
February	1
March	1	...	...	...	...	...	...	...	...	...	1
April	1	...	...	...	...	...	...
May	1	1
June	1	...	...	...	...	...	...	...	...	...	...	...
TOTAL	...	1	1	1	...	...	2	1	...	...	...	...	3	3
TOTAL M & F	1	1	2	...	...	...	3	...	...	...	...	...	6	6

MENINGITIS.

Month.	Under 5 yrs.		5 yrs. & under 10.		10 yrs. & under 20.		20 yrs. & under 45.		45 yrs. & under 65.		65 yrs. & over.		Totals.	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
July	...	1	...	...	...	...	...	...	...	...	...	...	...	1
August	...	...	...	...	...	...	...	...	...	...	...	...	...	...
September	...	...	...	...	...	...	...	...	...	...	...	...	...	...
October	1	1	1	...	1	...	...	...	...	...	...	...	3	1
November	1	...	1	...	...	...	1	...	...	...	...	...	...	2
December	1	...	1	...	...	...	...	...	...	...	...	...	1	1
January	...	...	...	1	...	...	...	...	...	...	...	...	...	1
February	...	1	...	...	...	...	...	...	...	...	...	...	...	1
March	1	...	...	...	...	...	...	...	...	...	...	...	...	...
April	...	...	...	...	...	...	...	...	...	...	...	...	...	...
May	...	1	...	...	1	...	...	1	...	...	...	...	...	1
June	...	...	1	...	...	...	...	1	...	...	...	...	...	1
TOTAL	2	6	3	1	1	2	...	...	...	...	...	...	6	9
TOTAL M & F	8	4	4	...	3	...	...	...	...	...	...	...	...	15

SCARLET FEVER.

Month.	Under 5 yrs.		5 yrs. & under 10.		10 yrs. & under 20.		20 yrs. & under 45.		45 yrs. & under 65.		65 yrs. & over.		Totals.	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
July	2	1	...	...	...	...	...	3	...	...	...	...	2	4
August	...	...	...	1	...	...	...	...	...	...	...	...	...	1
September	...	...	...	1	...	...	...	...	1	...	...	...	1	1
October	...	...	1	1	...	...	...	...	...	...	...	...	1	1
November	...	...	...	...	...	...	...	...	...	...	...	...	...	...
December	...	...	2	...	1	...	...	...	...	...	...	...	3	...
January	1	1	1	...	...	...	...	...	...	...	...	...	1	1
February	...	...	...	...	...	...	...	...	...	...	...	...	...	...
March	...	...	...	1	...	...	...	...	...	...	...	...	...	1
April	1	...	...	...	...	...	...	...	...	...	...	...	1	...
May	...	...	...	...	...	...	...	1	...	...	...	...	...	1
June	1	...	1	...	...	...	...	...	...	...	...	...	2	...
TOTAL	4	2	5	4	1	4	1	...	...	...	...	...	11	10
TOTAL M & F	6	4	9	...	5	...	1	...	...	...	...	...	...	21

VENEREAL DISEASES.

Sources of Notification.

TABLE K.

RETURN Showing Notifications of Venereal Diseases During the Year 1954-55.

	Males	Females	Total
Gonorrhoea	4	...	4
Tertiary Syphilis	6	...	6
Secondary Syphilis	3	...	3
Primary Syphilis	2	1	3
Ophthalmia Neonatorum	1	...	1
	16	1	17
Notified by Clinics	13	1	14
Notified by Private Practitioners	3	...	3
	—	—	—
	16	1	17
	—	—	—

APPENDIX V.

REPORT OF THE GOVERNMENT ANALYST FOR
THE YEAR ENDED 30TH JUNE, 1955.

Work of the Branch.—The total number of samples submitted to the Branch during the year was 3,077, an increase of 638 over the previous year. The rise was due mainly to a large number of apples examined for spray residues in connection with the control of apple exports. Increases were also registered in the numbers of milks, industrial materials, soils, waters and animal toxicology specimens examined.

The following tables show the numbers of individual samples examined, and the sources from which they were derived—

Table M1—Materials Examined.

Foods	892
Soils	579
Spray residues	402
Waters	336
Miscellaneous industrial materials	191
Plant nutrition analyses	163
Animal nutrition analyses	79
Toxicology specimens (human)	76
Toxicology specimens (animal)	70
Lime and limestone	54
Alcohol (inebriation) tests	32
Criminal investigation tests	29
Disinfectants, &c.	25
Pesticides	25
Fertilisers	22
Pathology specimens	15
Drugs and medicines	13
Sewage and trade wastes	13
Human milks	12
Fodder and feeding stuffs	11
Soaps, cleaning materials and cosmetics	11
Corrosion, incrustations, &c.	9
Building materials	5
Industrial hygiene tests	4
Paints and pigments	4
Paper	3
Marine products	2
	3,077

Table M2—Sources of Samples.

State Departments:

Agriculture	660
Health	467
Police	118
Hydro-Electric Commission	63
Agricultural Bank	37
Supply and Tender	24
Forestry	23
Transport	20
Public Works	4
Labour and Industry	4
Tasmanian Grain Elevators	3
Industrial Development	1
Gaols	1
Attorney-General	1
Solicitor-General	1

Commonwealth Departments:

Commerce and Agriculture	327
C.S.I.R.O.	81
Works	29
P.M.G.	1
City Councils and Local Authorities	326
Hospitals and Institutions (including Child Welfare)	47
Red Cross Blood Transfusion Service	2
Animal and Bird Protection Board	2
Private Persons and Firms	835
	3,077

TABLE M3.—Food and Drugs Act Analyses.

The table below shows the results of analyses of food samples taken officially during the year by inspectors of the Department of Public Health and local authorities:—

Foodstuff	No. received	No. below standard
Baking powder	1	...
Beverage foods	1	...
Butter	8	1
Cheese	1	...
Cereal foods	2	...
Confectionery and sugar	3	...
Coffee extracts	3	...
Coffee essences	2	...
Cordials and summer drinks	12	8
Cream	18	9
Custard and dessert powders	4	3
Essences and flavourings	2	...
Flour and self-raising flour	8	...
Fruit (canned)	4	...
Fruit juice	2	...
Fruit toppings	7	6
Fruit pulp	5	1
Fish (canned)	2	...
Gelatine	1	...
Jam	5	2
Lard	1	...
Margarine	2	...
Milk (fresh)	400	96
Milk (evaporated)	8	2
Sauces and condiments	8	...
Spices	2	...
Sausages	26	...
Spirits	3	3
Spreads	4	...
Soups	2	...
Tea	2	...
Tartaric acid	1	...
Vegetables (canned)	6	...
	556	131

The percentage of samples which failed to comply with the standards of the Food and Drugs Regulations was 23.4, slightly lower than the previous year when the proportion was 25.5 per cent. The articles most frequently offending were milk, which will be dealt with below, cordials and summer drinks (mainly labelling faults), and cream containing excess or undeclared preservative, or preservative in addition to being pasteurised, one or the other only being permitted.

Milk.—A summary of the results of analyses of milk samples taken throughout the State under the Food and Drugs Act is shown in the following table:—

Chemical tests	No. of samples	Per cent of total
Conform to standard	260	73.0
Deficient in fat only	15	4.2
Sub-standard in non-fatty solids and/or total solids, not watered	76	21.4
Watered	5	1.4
	356	100.0

Reductase test (4 hours)—

Conformed	41
Failed	3

Considerably more milks, both official and private samples, were submitted during the year than in 1953-54. This was partly because of the serious decline in the chemical quality of the supplies as regards non-fatty solids, which is causing grave concern.

The situation has not improved, the proportion of samples below standard in non-fatty solids but not watered (21.4 per cent) being practically the same as in the previous year. Various proposals to deal with the problem are being considered, and the Dairy Division of the Department of Agriculture is carrying out feeding tests with supplementary rations, assisted by chemical analyses made in this Branch.

Goitre Investigations.—Following the surveys of endemic goitre in Tasmania by Dr. F. W. Clements of the Institute of Child Health, Sydney, after which he put forward the hypothesis that the Tasmanian milk supplies may contain a goitrogenic substance derived from the feed, similar to that found in certain plants of the Brassica family by American workers, it was arranged that this Branch should carry out the work of making extracts for testing, and endeavour to isolate the active principle. To this end numbers of extracts of cows' milk from animals fed on chou moellier and turnips have been

prepared and, with whole and separated milk, sent to Dr. Clements for testing. At the same time attempts are being made in the laboratory to isolate a goitrogenic compound by fractional extraction.

This work is being carried out by Mr. J. W. Wishart, and very promising results have already been obtained.

Forensic Chemistry.—There were twenty-seven (27) cases, in which a total of seventy-six (76) specimens and exhibits were submitted in connection with coroner's enquiries or alleged poisonings.

In ten cases positive findings were made, the poisons being chloral (2), pentobarbital (2), alcohol and strychnine (1), alcohol (1), quinine (1), arsenic (1), and brazing flux containing fluoride (1). The remainder gave negative results.

Criminal investigation cases numbered ten, in which twenty-nine (29) exhibits were submitted. These were connected with cases of incendiarism, alleged abortion, horse doping, wilful damage and the poisoning of animals.

A considerable amount of time, especially that of Mr. Shipp, who has devoted much attention to the subject, has been taken up with the testing of specimens of blood and urine in connection with alcohol (intoxication) tests. There were twenty-one cases during the year, in connection with which thirty-one (31) specimens were submitted. Seventeen of the cases were in connection with deaths, chiefly on the road, the specimens being taken from the deceased persons. The others involved tests for determining the sobriety of persons alleged to have caused road accidents involving themselves or others.

The results of these tests, in sixteen of which it was possible to state the minimum quantity of liquor which had been consumed, should have been of great assistance to the courts and the police. This Branch now employs both the Cavett and the Kozelka and Hine methods for alcohol estimation, as recommended by a panel of the Royal Institute of Chemistry to the British Medical Association.

Evidence was given in the courts in connection with a number of the above-mentioned cases by Mr. Shipp and myself.

AGRICULTURAL CHEMISTRY.

Soils.—A total of 579 samples was examined this year compared with 518 samples the previous year. This number was made up of farm and orchard soils submitted by officers of the Extension and Horticultural Divisions of the Department of Agriculture and farmers (382), glasshouse and nursery soils mainly from officers of the Horticultural Division (61), soils from the Agronomy Division (99), Forestry Department (19), and Land Settlement Division of the Agricultural Bank (18).

In collaboration with officers of various divisions of the Department of Agriculture, investigations are proceeding to collect information from many districts throughout the State and to correlate crop responses to fertiliser treatment with results of soil analysis.

One aspect of this work is the investigation of soil sampling procedures. Results of soil tests have shown that the depth from which the soil sample is taken is important, particularly where fertilisers have been applied to permanent pasture.

Mr. K. M. Stackhouse, of the Agricultural section of this laboratory, and the District Horticultural Officer for the Derwent Valley visited several hop fields in this district. Soil samples were examined and the results considered along with data regarding fertiliser and cultural practices. Large amounts of organic fertiliser (blood and bone) are applied to this crop each year. The analyses indicated a very high level of phosphate which has accumulated in the soil as a result of the fertiliser treatment. However, potash levels are relatively low—it is only within recent years that the application of this fertiliser has become a general practice. Further investigations into fertiliser and cultural practices for hops will be undertaken by the Horticultural Division and this laboratory.

Plant Chemistry.—One hundred and sixty-three (163) samples were examined in this section of the work this year. Seventy-six (76) samples of apricot fruit and leaves were examined for potash in connection with brown rot trials undertaken by the Plant Pathologist. Fifty-two (52) samples of sub-clover from various field and pot trials carried out by officers of the Agronomy Division were examined for a number of micro and trace elements. Much time has been spent in developing rapid and precise micro methods for determining the mineral constituents of plants. In some cases only very small samples are available for analysis and suitable methods have been developed for determining these constituents.

Animal Nutrition and Toxicology Analyses.—The total number of specimens was 149. Of these seventy-nine (79) were livers and blood from cattle and sheep, submitted by veterinary officers of the Department of Agriculture in connection with trace element deficiency investigations.

The remaining seventy (70) specimens were connected with supposed and real poisoning of farm animals and domestic pets.

The determination of traces of copper in livers and bloods has been improved by the use of the new reagent bis-cyclohexanone oxalyldihydrazone.

The first request for analysis of a specimen for the new rabbit and rodent poison 1080 (sodium fluoracetate) was received this year. The method used by the laboratory enabled minute traces of this poison to be detected and determined.

Horticultural Spray Residues.—Four hundred and two (402) samples were examined in this section of the work.

Forty-five (45) of these samples were apple tree wood and foliage examined for spray residue in connection with the performance of concentrate spraying machines.

The remainder of the samples (357) were apples submitted by the Department of Agriculture and by officers of the Commonwealth Department of Commerce and Agriculture for testing for lead and arsenic. The samples were taken on orchards, in packing sheds and (chiefly) at the wharf. This was to ensure that, as far as possible, no consignments left the State not complying with the British Government limits for lead and arsenic.

WATER SAMPLES AND INVESTIGATIONS.

A dissection of the nature of the three hundred and thirty-six (336) water samples received during the year, an increase of sixty-three, discloses that they were derived as follows:

From farmers and members of the public, examined chiefly as to suitability for stock, irrigation and general household purposes (118), local authorities (domestic) supplies (77), the C.S.I.R.O. in connection with fisheries investigation (71), Hydro-Electric Commission for a study of variations influencing corrosivity (48) and miscellaneous industrial waters (10). Check tests for flourine (12) were made at intervals for the Beaconsfield Council, which is adding fluoride to the public supply. The quantity found shows that the fluorine content is being maintained very close to the desired amount, viz. one part per million.

Various chemical problems arising from individual water supplies have been examined, and advice as to prevention and treatment has been given.

Industrial and Other Miscellaneous Materials.—These were mainly a number of materials damaged by fire and water, especially a large stock of textile dyes (163 articles) on which an opinion of usability was sought, all submitted by insurance companies for the purpose of assessing damage.

Other samples submitted were:—Building materials and paints (9), sediments and incrustations (9) in connection with corrosion problems, disinfectants, soaps and cleaning materials (36) mostly examined for the Supply and Tender Department to assist in selection, lime and limestone (56) for agricultural purposes, sewage and trade wastes (13), and a number of drugs, medicines and pathology specimens from hospitals.

Other Activities.—The Branch has again provided information and advice on a variety of matters for other Government departments and members of the public. I have attended meetings of the Food Standards Committee, and the Fertilisers and Pesticides Boards, of which I am, ex-officio, a member.

For the past two years I have acted as one of the examiners for the Royal Sanitary Institute in Tasmania. Examinations have been conducted for the Sanitary Inspectors, and for the Meat and Other Foods Inspectors Certificates. It is hoped that the supply of health inspectors will be increased.

Staff, &c.—During my absence for three months on long service leave, Mr. M. H. R. Shipp was gazetted Acting Government Analyst and took over the duties of the office. There have been no major staff changes during the year. Miss E. L. Monks was appointed to the position of junior technical assistant. Mr. J. H. Taylor and Mr. G. J. Joy are continuing their studies for the B.Sc. degree and Diploma of Applied Chemistry respectively.

Once again I would like to express my appreciation of the efforts of all members of the staff, and Mr. Shipp in particular, especially for their co-operation during my absence in a busy year.

H. E. HILL, F.R.A.C.I., A.R.I.C.,
Government Analyst.

APPENDIX VI.

REPORT OF ACTING CHIEF HEALTH INSPECTOR FOR THE YEAR ENDED 30TH JUNE, 1955.

I have to submit the following report on the activities of the Inspectorial Branch of the Department during the year.

Staff.

Senior Inspector W. J. Davies retired in April. Chief Inspector H. H. Parker elected to retire in June after 37 years' service in the Department, during which time he occupied the position of Chief Health Inspector for fourteen years.

So far, the above vacancies have not been filled, but I was instructed to act as Chief Health Inspector as from the 14th June, pending a new appointee.

A part-time Health Inspector in the person of N. Boddington was appointed to perform health work in the Scottsdale Municipality, and another part-time Health Inspector, E. J. Roberts, is performing similar duties in the Spring Bay and Glamorgan Municipalities.

Sanitary Surveys, Special and Follow-up Inspections.

Sanitary surveys, special inspections, and enquiries were carried out in all municipalities throughout the State during the year.

In the course of these visits, attention was directed to the quality of domestic water supplies, the disposal of nightsoil, garbage and drainage, sites for the proposed installations of bacteriolytic tanks, infectious diseases, housing conditions, sanitation at schools, halls, tourist resorts, recreation grounds, reserves and beaches.

When necessary, local authorities were advised of matters requiring improvement, and later, follow-up inspections were made to ascertain if requirements had been complied with.

Details of the inspections (which exclude those carried out by part-time inspectors engaged in municipal districts where health services are directly controlled by this Department) are shown as follows:

	No. of inspections	Matters requiring attention
Bacteriolytic tank sewerage schemes	2	...
Bacteriolytic tanks, including plans and sites	2353	64
Bakehouses	149	43
Butchers' shops	242	62
Cemetery sites	1	...
Chemists' shops	4	...
Dairying premises and milk depots	65	44
Domestic inspections	63	19
Drainage	79	36
Food premises	718	77
Fruit processing factories	16	...
Garbage tips and sites	45	8
Guest houses	42	4
Hairdressing establishments	11	...
Hospitals, inspection of utensils	5	1
Land subdivisions	13	2
Licensed premises	180	25
Miscellaneous	116	4
Mutton bird premises	289	90
Offensive trades	224	110
Places of public entertainment	234	78
Reserves, beaches, show and recreation grounds	148	34
Sale yards	6	...
Sanitary depots and services	52	9
Scallop sheds	15	3
Schools	159	38
Spirit (alcoholic) tests	754	...
Sewerage schemes	1	...
Stables	23	3
Water supplies	22	2
Pickers' huts	34	14

One hundred and four requisitions were served under the Public Health, Food and Drugs, and Places of Public Entertainment Acts requiring improvements in conditions and these were given effect to without recourse to legal proceedings.

Legal proceedings were instituted in two cases for adulterated milk, one defendant being fined £10 plus costs, and the other case was lost on technical points.

Legal proceedings were also instituted against the owner of a licensed premises for selling adulterated spirits, the licensee being fined £20 plus costs.

Health Inspectors.

An examination for Health Inspectors was held under the auspices of the Royal Sanitary Institute (Lond.) last December, at which fifteen candidates presented themselves for the Sanitary Inspector's Certificate, out of which number only six made the grade and passed. An examination was held at the same time for the certificate for meat and other foods, and the seven candidates who presented themselves for the examination all passed.

Included in the successful candidates were Inspector H. D'Alton (Meat and Other Foods), Cadet Inspector P. Knott (Sanitary Certificate), who has since been promoted to Health Inspector Class 3, and two of the Departmental part-time Inspectors, M. Fenton, who carries out health work in the Sorell Municipality, and E. J. Roberts, who carries out health work in the Spring Bay and Glamorgan Municipalities.

Tuition for prospective candidates is still being continued, some studying for sanitary science at the Hobart Technical College, and others for the meat and other foods and sanitary certificates.

In spite of the above successful passes, there is still a shortage of qualified health inspectors, and local authorities are still engaging unqualified men but where this becomes necessary, this Department requires local authorities to cause such officers to attend headquarters for a period of practical and theoretical instruction in the various duties appertaining to such positions.

Drainage.

Considerable trouble is still being experienced from nuisances created because of insufficient provision for the disposal of household drainage in unsewered areas. This constitutes a major problem.

Dwellings are being erected in great numbers on small blocks of land which are unsuitable for drainage absorption, the only outlet for sullage water being either into earthen table drains where it lies stagnant, causing a nuisance, or into concrete storm-water channels where quite often the position is not much better owing to poor distribution, especially during the dry months.

The above difficulties could to a great extent be prevented, if local authorities would give more consideration to the disposal of domestic wastes before subdivision of land is approved and the construction of houses permitted.

At the present time, departmental inspectors, as a temporary expedient, are encouraging and aiding party drainage schemes where occupants of a group of houses contribute to a common drainage scheme. In these cases the whole of the drainage of a group of houses is reticulated to an approved point from where it is piped to the nearest tidal water or polluted stream. A number of these party drainage schemes are operating and in course of construction in the Municipality of Clarence where there are a great number of drainage problems.

In spite of everything that is being done by the Department to help the individual with his drainage problems, the position will keep on deteriorating until such time as the local authorities realize their responsibilities and provide adequate sewerage systems to deal with this urgent health problem.

Bacteriolytic Tanks.

One thousand four hundred and nineteen bacteriolytic tanks were installed in the majority of municipalities throughout the State. This number showed a decrease of one hundred and seventy-four under last year's record. Two hundred and thirty of the total installations were effected in the Municipality of Clarence.

This convenient method of nightsoil disposal is still very popular, and the advice and assistance given by Departmental officers is appreciated by the public desiring to avail themselves of these installations, where sufficient water supplies and suitable soil for the absorption of tank effluent are available.

Inspections have been made and reports furnished on proposed bacteriolytic tank sewerage schemes for the towns of Deloraine and Oatlands, but it has not been decided yet whether these schemes will eventuate or not.

Unfortunately, there is no provision either under the Public Health Act, Local Government Act or any other Act whereby local authorities could declare a bacteriolytic tank area in a township and then enforce a scheme for the universal installation of bacteriolytic tanks in that area, thus doing away with the objectionable pan collection service. Attempts have been made by the Department to implement the Public Health Act to enable the local authorities to have this power, but unsuccessfully so far.

Food and Drugs.

Four hundred and two samples of food, including two hundred and twenty-eight milks, were procured for analysis by the Government Analyst. Of this number, ninety milks were found under standard and three contained added water. Warnings were issued in respect to under-standard samples, and legal proceedings instituted in three cases of added water to milk.

The sampling of milk for the purpose of analysis by the Government Analyst is carried out weekly, and the milk depots are inspected at the same time.

The following food was seized and condemned as being prohibited articles or as being unfit for human consumption:—

Mutton birds	23,794
Pork	50 lbs.
Ox tongues	29 lbs.
Mutton	80 lbs.
Veal	12 lbs.
Soup bones	25 lbs.
Gin	1½ gals.

Eating houses were inspected regularly to check on any breaches of the Regulations under the Food and Drugs Act, and it is noticeable that there has been shown in general a marked improvement in the standard of these premises.

Special attention was given to butchers' shops during the year and several old shops have been compelled to bring their premises up to the standard laid down in the Food and Drugs Regulations.

Quite a number of butchers give the wrapping of meat very indifferent attention and verbal warnings have been given. The use of printed paper for the wrapping of food, especially cooked food, should be forbidden, and the use of only clean plain white or brown paper allowed.

Slaughterhouses throughout the State were inspected regularly, and premises not having boilers used for the cooking of raw offal were instructed to instal same.

Throughout the State there are between one and two hundred private slaughterhouses, some municipalities having as many as five to ten, many of which do not come up to a satisfactory standard.

In my opinion private slaughterhouses are objectionable, partly because many of them are apt to be a nuisance, but mainly because of the hindrance they offer to the efficient inspection of meat.

Public abattoirs are an essential part of any really efficient system of meat inspection and are preferable to private slaughterhouses owing to their superior sanitation, and the better facilities offered for killing the animals in a cleanly, humane and satisfactory manner.

Mutton Bird Industry.

Departmental inspectors supervise this seasonal and unusual industry which is peculiar to the Furneaux Group of Islands (5) situated in Bass Strait, where white and coloured islanders migrate for five weeks and three days each year.

These islanders catch and pack the young sea bird known as the Short-tailed Shearwater or "Mutton Bird", and each season approximately 500,000 birds are salted and/or deep frozen for the retail trade, mainly in Tasmania and New Zealand.

The production of vast quantities of food without proper control, caused primarily by the remote situation of the island rookeries, has been the source of considerable concern for some years.

Officers of this Department attended two conferences called by the Animal and Birds Protection Board between seasons and, together with the Lands and Surveys Department, determined a united system of control of premises and operation. One of the most important advances was the introduction of a minimum standard design processing shed sponsored by the Animal and Birds Protection Board and designed by an officer of this Department.

The first shed constructed to the new standard plan was completed before the 1955 season and proved most suitable.

During the season thirty-nine food processing sheds were in operation and were supervised by two officers throughout the season, and the additional supervision resulted in a vastly improved product, together with a record number of condemnations—23,794 birds. These officers also effectively implemented the first stage of the joint unified system of control.

Seven new sheds were completed in time for the season and thirteen of the older sheds were condemned and will have to be rebuilt to the new standard design before the next season. The remainder of the sheds were served with requisitions for improvement or modification.

Departmental officers also spent considerable time on the supervision of the finished product regarding protection in handling, cooling, opening and salting or freezing.

The above improvements have been instituted in the face of considerable opposition on the part of the islanders employed in the industry.

The final results of the unified control plus improved premises and processing will not be available for a few seasons, but the immediate improvements exceeded anticipation and give a most favourable indication for the future of the industry.

Places of Public Entertainment Act.

Plans and specifications for new halls and alterations to existing halls are submitted to the committee appointed, which consists of officers of the Hobart Fire Brigade, Hobart City Council, and this Department.

Numerous plans of proposed new halls, with additions and alterations to existing buildings have been examined and reported on with a view of affording a greater degree of safety and comfort to the public, and the members of the committee are to be complimented on the valuable work performed in this respect.

The new consolidated regulations under the Places of Public Entertainment Act are still under consideration. Departmental officers made frequent inspections of all public buildings and places of public entertainment throughout the State with the object of enforcing the regulations in respect of sanitary and seating accommodation, ventilation, overcrowding, fire appliances and general safety of the public.

Two places of public entertainment were threatened with the cancellation of their registration for failing to carry out the items of a requisition served on them within a certain period of time, but eventually decided to comply with the regulations.

Conclusion.

On behalf of Mr. H. H. Parker, who retired from the service in June, I would like to thank the staff, council clerks and local health inspectors for their co-operation and assistance during the year, and trust that they will render the same valuable assistance to Mr. Parker's successor.

W. WOLNIZER, *Acting Chief Health Inspector.*

APPENDIX VII.

REPORT OF THE SCHOOL MEDICAL OFFICER.

It is felt that during this year some progress has been made towards the fulfilment of the plan whereby each child is examined by a school doctor on entering school, and on at least four more occasions during his school life. This optimism is justified by a marked improvement in the staffing position. The lack of permanent full-time medical officers has been the greatest weakness in the school medical service. It is now hoped that some continuity will be achieved with resulting benefit to the school children who are our chief concern.

Staff.

The long-vacant position in Launceston was filled by Dr. E. B. Tunbridge, who joined the staff in August, 1954. Dr. J. B. Mackie took up the North-West Coast appointment in May, 1955. Both these medical officers have already made great efforts to overcome the lag of work in the north of the State. Dr. Mona Hatherley has done part-time work in Circular Head and Burnie, and Dr. Mary Young has continued part-time work in Hobart. Dr. Joyce Park examined children in several schools on the East Coast, and Dr. Valerie Davenport visited a few country schools. In addition two Government medical officers have undertaken school medical inspections in their own districts, while I have visited city and country schools in the south.

There has been only one change on the nursing staff. Sister Edwards having replaced Sister Nicholl in May. The part-time appointment of Sister Young in the Circular Head district has relieved the Burnie sister of much travelling. The stability of the staff of school sisters is most gratifying, and it is felt that all give service of a

very high standard. The esteem in which they are held in the community and their own profession is reflected by the numerous enquiries received regarding vacancies on the staff.

Medical Examinations.

During the year 183 schools were visited and 22,140 children examined, of whom 9,620 (i.e. 43.45 per cent) were defective. There were 6,846 physical defects requiring treatment, while 3,942 were notified for dental treatment. The last figure indicates a significant fall in the incidence of neglected dental caries. School medical personnel agree that the excellent work of the school dental service has played a large part in this improvement.

It is known that 1,165 medical defects have been corrected while 885 have already received dental treatment. In addition 2,670 dental and 2,561 physical defects notified in the previous year have been treated.

Statistical Details of Medical Examinations.

Total children examined	22,140
Number defective	9,620
Number normal	12,520
Defects—	
A. Dental	3,942
B. Physical	6,846

The following table shows the relative incidence of physical defects discovered and notified to parents.

Condition	Number
1. Orthopaedic—	
Posture	1,358
Knock knees and flat feet	857
Others	48
	<hr/> 2,263
2. Nutrition—	
Underweight	728
Overweight	366
Anaemia	265
	<hr/> 1,359
3. Tonsils, adenoids and cervical glands	1,296
4. Eye defects—	
Defective vision	415
Squint	124
Others	117
	<hr/> 656
5. Skin conditions	253
6. Ear defects—	
Defective hearing	133
Others	80
	<hr/> 213
7. Goitre	194
8. Heart	85
9. Lungs	60
10. Hernia	42
11. Speech	36
12. Mental stability	14
13. Others	375
	<hr/> 6,846

School Sisters' Work.

In some schools, where a medical officer was not available, school sisters carried out routine medical inspections. Eight hundred and seventy-three children were examined of whom 219 were notified as defective, 75 requiring dental treatment and 171 medical treatment.

Sisters have made routine visits to the schools to prepare for and follow up after medical examinations, and to carry out cleanliness inspections. Sisters at several bush nursing centres have given considerable help in this part of the work.

There were 92,409 contacts with children and 3,704 minor casualties were treated.

Home visiting has continued, 4,262 visits being made to parents in their homes, while 2,228 parents visited the school concerning their children's health, 1,539 at the time of the medical inspection of entrant children.

Goitre prophylaxis continues in all schools, as recommended by Dr. Clements last year.

Immunisation against tetanus and diphtheria has been carried out in many schools. Members of the school medical staff have organised this work in many city schools and assisted local authorities in their campaign in country districts.

On the recommendation of the Director of Tuberculosis, B.C.G. vaccination of school leavers was discontinued.

Sunshine Home.

Many more children have enjoyed their three weeks' holiday at the Sunshine Home. Their selection has been our responsibility and Miss Young has carried out the considerable clerical work. In all, 268 children received this benefit, coming from schools as far away as Smithton.

A conference of school medical officers and sisters was held in December. Several interesting sessions were arranged, and all joined in informal discussion on many aspects of our work.

Conclusion.

Once again I must acknowledge the co-operation of many sections of this and other departments. The Nutrition and Mental Hygiene Divisions have given invaluable help. The loan of a third audiometer from the Commonwealth Acoustic Laboratory has been much appreciated, as have been the detailed reports received from that department. Reports from private practitioners and special clinics have proved interesting and useful, particularly those from the Tasmanian Society for the Care of Crippled Children.

The consideration and assistance given at all times by the Education Department, through its teachers, Visual Aid and Physical Education sections, have made it possible to continue and extend the work of the School Medical Service.

H. B. GIBSON, M.B., B.S., *School Medical Officer.*

The arrangements for the West Coast seem to be functioning well. The dentist at the Electrolytic Zinc Company at Rosebery affords treatment to children whose parents are members of the Medical Union, and is paid by this Department.

Children in the following districts were afforded dental treatment:—

Hobart, Launceston, Ulverstone, Strahan, Queenstown, Smithton, Rosebery, Beaconsfield, Devonport, Forth, Deloraine, Meander, Pioneer, Winnaleah, Ringarooma, Currie and Grassy (King Island), Derby, Branxholm, Geeveston, Cygnet, Dover, Hythe, Lune River, Campania, Claremont, Colebrook, Mt. Seymour, Tunnack, Parattah, Oatlands, Glenora, New Norfolk, Ellendale, Gretna, Zeehan, Gormanston, Rossarden, Whitemark (Flinders Island), Storeys Creek, George Town, Woodbridge, Kingston, Sheffield, Alonnah and Barnes Bay (Bruny Island), Sorell, Bronte Park, Tarraleah, Wayatinah, Butlers Gorge, Avoca, Royal George, Conara, Campbell Town, Bothwell, Waddamana, Kempton, Lowana, North Motton, Preston, Sprent.

A total of 46,487 visits was paid to the Clinics, comprising 17,320 new visits and 29,167 repeat visits

Treatments afforded were as follows:—

X-ray treatments	156
Ortho. treatments	23
Treatments	58,751
Fillings	38,015
Extractions	23,988
Cleanings	2,106
Total	123,039

Staff.

Mr. Evans, Mr. Hiscock, Miss Tarbet, Mr. Richardson, Mr. Piercy, Mrs. Pratt and Mr. Smith joined the service during the year and Mr. McGregor, Mr. Daley and Mr. Nash resigned.

I should like to express my appreciation of the loyalty and high standard of the work of my staff, without which the results achieved during the past year would not have been possible.

A. W. SCOTT, *Senior School Dental Officer.*

SCHOOL DENTAL DISTRICTS—TASMANIA.

School Dental District	Head-quarters.	School Population.	Type of Service.
North-West	Smithton	1,575	Caravan
*Wynyard	Wynyard	1,626	....
Burnie	Burnie	3,046	1 surgery 1 caravan
Ulverstone	Ulverstone	2,231	1 caravan
Devonport	Devonport	1,706	1 surgery 1 caravan
Sheffield-Deloraine ..	Deloraine	1,975	1 caravan
*Tamar	Launceston	1,519	1 caravan
Launceston (metropolitan)	Launceston	7,587	2 surgeries
Far North-East ..	Scottsdale	2,131	1 caravan
North-East ....	....	2,141	1 caravan
Midlands ....	....	1,298	1 caravan
East Coast ....	....	1,325	1 caravan
De-Went Valley ..	New Norfolk	2,739	1 caravan
Hobart (metropolitan)	Hobart	14,160	2 surgeries
Southern	Huonville	3,486	1 caravan
West Coast	Queenstown	1,665	1 surgery

* Not yet operating.

APPENDIX IX.**REPORT OF NUTRITION OFFICER—NUTRITION EDUCATION.**

During this year two new groups of students have been added to our list for nutrition courses. These consist of pre-school teachers in training and trainee teachers for secondary schools. As a matter of routine all trainee Child Health Sisters, trainee Mothercraft Nurses, and trainee primary schools teachers receive lectures in nutrition.

Refresher talks and conferences were held with all Child Health Sisters, School Medical Officers and School Medical Sisters. Talks were given also to Parents and

A new surgery has been opened at Burnie. Four new mobile clinics were placed in use. The caravans were designed by the Transport Officer (Mr. B. Fraser) and are much sturdier than the older type. The design and equipment of these caravans places them amongst the most modern and most serviceable used anywhere in Australia, and a number of inquiries have been received from other States for particulars. The old caravans, built in the time of post-war shortages, have not proved very successful and have already reached the end of their economic life.

Treatment.

From the figures attached to this report it will be seen that the number of fillings (38,015) far exceeds the number of extractions, and this is an all-time record in the history of the School Dental Service. It reflects the growing confidence in, and appreciation of, the School Dental Officer by parents, and indicates that the educative efforts of the school dentists, school doctors and school sisters have been successful.

It is very pleasing to know from the report of the School Medical Officer that the number of notifications for dental defects has fallen by about 47 per cent in a comparable sample of children.

This is strong evidence of the success of the School Dental Service.

In affording treatment to the children of King Island, the Dental Officer reports that the dental health of children there is much improved, and that the regular visits are paying dividends.

Friends Associations and schoolchildren. In addition, several requests were received for broadcasts on nutrition.

With the assistance of all Child Health Sisters and School Medical Sisters, nutrition pamphlets for expectant and nursing mothers and for the preparation of school lunches were prepared.

Advice on diet, nutrition and nutrition education was given whenever required.

Dietary Surveys.

Five dietary surveys were conducted in different areas in Tasmania, and information was collected from 10-11 year old school children (boys and girls). One day food intake records from these surveys were evaluated.

Results of the surveys in the Glenora Area School, Westerway, Queenstown State, Gormanston and Bronte Park Schools seem to indicate that—

1. The food intake of the boys is better than that of the girls.
2. Nutrition education in schools, stressing the need for a balanced and varied diet, is most desirable.
3. The School milk programme is of great value in these areas because consumption of cheese and milk at home is low.
4. The School lunch programmes make a substantial contribution to the daily food intake of the children. Its influence was seen particularly on the diets of the girls, which were brought up from poor diets to diets approaching the recommended allowances.

Testing of Recipes.

Medium size oranges which have to be imported seldom cost less than sixpence a piece, and this price makes it difficult for many parents to provide diets for their children which contain sufficient amounts of ascorbic acid or vitamin C.

Tasmania is very fortunate in having plentiful and cheap supplies of briar berries and blackcurrants, from which syrups can be prepared with a very high ascorbic acid content, which can replace expensive oranges.

Tests to improve and simplify recipes for home-made briarberry and black currant syrups, have been successfully concluded, and arrangements are in hand to publicise the recipes at the appropriate time of the year.

J. F. HOWELER, M.Sc.
Nutrition Officer.

APPENDIX X.

REPORT OF SUPERVISORY SISTER—CHILD HEALTH SECTION.

I have the honour to submit the following report on Child Health work in Tasmania for the year ended June 30th, 1955. The numbers for the past year show a considerable increase in both home visits and visits to centres.

Staff.—We have had a moving staff during the past twelve months. This does not make for stability in the work.

At the end of June there were 48 members; 43 doing full-time duties; five doing part-time work.

Centres.—There are 93 centres including ten travelling units. Changes are as follows:—

New Centres: Mt. Stuart, Warrane and Margate in the South. King's Meadows in the North.

The babies at Seven Mile Beach are now weighed in their own homes. We had to do this because there is only one car available for the work on the Eastern shore, and Sister can visit *all* the mothers instead of spending more time and seeing only some of them.

New Buildings were opened at Dunalley, South Hobart, West Hobart, Railton and Penguin and are much appreciated by the mothers and the Sisters.

Cars.—There are nine Departmental cars and one utility. We have not had any replacements this year. Mileage is paid to 13 members of the staff who are using their own cars for this work.

Infant Births and Mortality Rates.

	Number of Births	Infant Mortality Rate %
1950	7242	23.8
1951	7357	26.6
1952	7916	21.7
1953	7736	22.9
1954	7700	23.9

Immunisations.—Triple Antigen—

Moonah Centre	907
Bellerive	249
Lindisfarne	164
TOTAL	1,320

Twenty-four babies were vaccinated at the Moonah Centre.

There was an increase of 543 babies for immunisation and a decrease of 30 for vaccination. Immunisations are also carried out at the Huonville Centre.

Mothercraft Lectures to School Girls.—Elementary Mothercraft Lectures were given to senior girls from 42 schools, and 604 successful students received certificates.

A course of lectures has been prepared for Domestic Arts Teachers to give the scholars in the areas where the Sisters are unable to do this work. This does not entitle the girls to receive our certificates but they do, at least, gain some knowledge of infant care.

Correspondence.—Letters dealing with all branches of the work have been received and answered by various members of the staff throughout the State.

Pre-School Children.—Iodide Tablets are given to children from one year of age until they reach school age and they are then given through School Medical Service.

Student Nurses.—29 Trainee Nurses have completed their post graduate course in Child Health for the year. Of these, 24 were from the Mothercraft Home and five from Calvary Hospital. Each student has three weeks on district work and she is tutored by a Child Health Sister for this period.

Mothercraft Nurses.—22 Mothercraft Students Completed the course of training for one year. Fifteen were from Calvary Hospital and seven from the Mothercraft Home.

Consulting Doctors.—Dr. J. Millar, Hobart, and Dr. R. Wall, Launceston, attend the Centres regularly. Their work is invaluable and we would like to record our thanks and appreciation to them.

Voluntary Organisation.—On behalf of the Staff I would like to thank the members of the various committees throughout the State for their help and co-operation during the past year.

My thanks are due to the Nursing Staff and the members of the Public Health Department for their help at all times.

E. O. Foster, S.R.N.,
Supervisory Sister.

The following is a list of Centres, showing the number of Child Health Sisters employed at 30th June, 1955, together with country centres visited during the year:—

Centre and Out-Stations Visited by Sisters.	Number of Sisters.
Hobart—	
South Hobart	3
North Hobart—	
Lenah Valley, West Hobart, Mt Stuart	3
Moonah—	
Brighton	2
Glenorchy—	
Claremont, Collinsvale	2
Sandy Bay—	
Dunnsyne, Fern Tree, Taroona, Kingston, Snug, Margate, Blackmans Bay	2
Bellerive—	
Lindisfarne, Montagu Bay, Dunalley, Sorell, Warrane	2
Huonville—	
Geeveston, Cygnet, Dover, Ranelagh	2
New Norfolk—	
Norfolk North, Bushy Park, Lachlan, Maydena	2
	(1 on three months leave)

Centre and Out-Stations Visited by Sisters.	Number of Sisters.
Launceston—	
Invermay, Newstead, Perth, Sandhill, Mow-bray, Trevallyn, Longford, Evandale, Beaconsfield, George Town, King's Meadows	6
1 Full time	
1 Part time	
1 Mother-craft nurse	
1	
Deloraine—	
Westbury	1
Smithton—	
Stanley, Irishtown, Forest, South Forest	2
Wynyard—	
Boat Harbour, Somerset	1
Burnie—	
Cooee, Wivenhoe, Ridgley, Upper Burnie, Highclere, Montello, Stowport	2
3 Part time	
Ulverstone	1
1 Full time	
1 Part time	
1	
Queenstown—	
Gormanston	1
Scottsdale—	
Derby, Branxholm, Bridport, Winnaleah	1
St. Marys—	
Fingal, Mathinna, Cornwall, Bicheno	1
Devonport—	
Latrobe, Sheffield, Railton, East Devonport, Don Road, Port Sorell	4
Campbell Town-Ross	1
Pre Natal	2

Travelling Clinics working from St. Marys, Ulverstone, Smithton, Burnie, Campbell Town, New Norfolk, Bellerive Devonport, Launceston, Huonville.

APPENDIX XI.

REPORT OF THE MATRON, MOTHERCRAFT HOME, NEW TOWN.

I herewith submit report of Mothercraft Home, New Town, for year ended June 30th, 1955.

Fifty (50) mothers with their babes, including one set of twins, availed themselves of our services in the establishment of breast feeding, and tuition in Mothercraft.

Eighty (80) babes, without their mothers, were admitted for establishment on suitable feeding, and for specialised care and management.

A considerable number of mothers of these artificially fed babes received at least one demonstration in regard to babe's general management, and in the preparation of foods.

Child Health Students—four-months course.—Twenty-three (23) post graduate trainees completed their training, two of these failing to qualify for proficiency certificate: one of these obtained hers at a subsequent examination. Two students resigned through illness of relatives.

Ten students were in training at the end of June, 1955.

Mothercraft Students—12-months course.—Eight (8) Mothercraft trainees commenced their training, two (2) returned to continue training after leave of absence to nurse sick parents.

Eight (8) trainees completed course, seven (7) of these qualifying for their certificates of proficiency. One did not submit herself for examination.

Ten (10) Mothercraft students were in training at the end of June, 1955.

Trained Staff.—The quota of 3-4 sisters was available over the greater part of the year, but only on a very temporary basis. Nobody is available for the permanent staff, which hampers solidarity of training, and places a heavier burden on the Matron than would be necessary if a sub-Matron could share the responsibilities of teaching and housekeeping.

There has been difficulty in obtaining post graduate students during the last year—for the first time since the Department of Public Health has had control of the Home. Many have booked but cancelled at a late date, leaving no time to substitute other students. One class, which extended into Christmas, was very short of its quota, necessitating reducing number of babes' admissions during the term.

In view of the fact that trained nurse students are not as readily available as formerly, and that there is a long waiting list of Mothercraft students, we are planning to increase the latter from ten (10) to twelve (12), and decrease the number of Child Health Students to nine (9) in a term of training.

Domestic Staff.—There has been no difficulty in securing domestic staff and all have qualified for annual recreational leave.

General.—Funds not utilised for providing food and sustenance allowances for students have been expended on urgently required replacements for the Home.

Linoleums have been replaced on floors of three nurseries and kitchen, best of old linoleums replacing worn-out patches on other floors.

The Sisters' and Child Health Students' sitting room carpets have been replaced; carpet runners in the two corridors of sleeping quarters have checked a great deal of noise; six new bedsteads complete with mattresses and pillows have replaced others exceedingly worn; twelve bedside rugs have been replaced; casement curtains have been replaced throughout the Home; water-proofed duck screen covers have replaced the babes' worn-out screens. These, and some new kitchen equipment have helped to make the Home much more habitable, and are giving us all great satisfaction.

If we could have the home painted and our fences put in good order there would not be a great deal about which we should now need to be apologetic.

We have to thank a number of friends for the knitting of baby vests, the wool being provided by our Department, and others for gifts of used baby clothing. Apart from these we have had no gifts this year.

Our sincere thanks are due to our medical officers, Dr. John Millar and Dr. N. Newman for their untiring care of the babes and for their lectures; to Miss Howeler, who is teaching the students to enjoy the study of Nutrition; and Miss Martin who has commenced a series of lectures on Psychology to each group of students.

E. M. LOCKE, Matron.

Section III.—Report of the Tuberculosis Division for the Year ended 30th June, 1955

During the year under review 189 new cases of tuberculosis were notified to this Division, which fell into the following clinical subdivisions:—

1. Pulmonary—152.
2. Tuberculous meningitis—3.
3. Other non-pulmonary—34.

Table N1 below gives a summary of the notifications for the past six years.

TABLE N1.

Year Ended	Total Cases	Pulmonary	Per Cent of Total	Non-Pulmonary	Per Cent of Total
30.6.50	210	188	89.5	22	10.5
30.6.51	236	210	88.9	26	11.1
30.6.52	198	169	85.4	29	14.6
30.6.53	216	185	85.6	31	14.4
30.6.54	203	164	81.2	39	18.8
30.6.55	189	152	80.4	37	19.6

There is a very slight tendency to a decline in the notifications of pulmonary disease, but there is a gratifying reduction in the number of cases of tuberculous meningitis, which numbered six in the year 1953-54. This experience is similar to that in North America, Europe, and the other States of the Commonwealth.

A disturbing feature is that other forms of non-pulmonary tuberculosis have shown a proportional rise. Reference to Table N1 shows that, despite the fall in the number of cases of tuberculous meningitis, there have been sufficient cases of other non-pulmonary forms of the disease to cause a marked percentage rise of this form of the disease.

This is contrary to the experience of most of North America, where bone and joint, renal and gastro-intestinal forms are now rarely found.

Investigations carried out by Dr. D. W. L. Parker (Director of Orthopaedics in this State) have shown that without exception the bone and joint cases coming to his notice are due to the human type of the bacillus.

The somewhat unsatisfactory condition shown by the figures must mean that too many infectious cases are in a position to cause such diseases and these circumstances are in need of further attention.

Tables N2, N3 and N4 give further details of the new notifications by age groups and extent of disease, which show little change from the figures of last year.

It is stressed again that the age-group 55 and over includes 37 pulmonary cases, and this number includes 11 of the 17 cases shown as advanced at notification.

This underlines the need for active case finding, including mass X-ray surveys, in this section of the community, and the need for denying at all times the idea that older persons are not prone to get tuberculosis.

The older person, as well as suffering far more often from the disease, is all too frequently a dangerous source of infection.

There has been no significant change in the ratio of cases or type of marital status of those affected, as shown in Table N5.

TABLE N2.

Age Groups	Number	Percentage of Total
Under 15 years	14	7.6
15 to 24	36	19.0
25 to 34	43	22.7
35 to 44	28	14.8
45 to 54	29	15.3
55 to 65	17	9.0
Over 65	22	11.6
	189	

TABLE N3.

Distribution by Age, Sex, Form and Stage of Disease of Notifications during the year 1954-55.

Age Group.	Males.					Females.					Total Persons.				
	Minimal.	Moderately Advanced.	Advanced.	Non-Pulmonary.	Total.	Minimal.	Moderately Advanced.	Advanced.	Non-Pulmonary.	Total.	Minimal.	Moderately Advanced.	Advanced.	Non-Pulmonary.	Total.
Under 15	2	....	....	4	6	4	1	1	2	8	6	1	1	6	14
15 to 24 ....	.6	8	....	5	19	9	5	....	3	17	15	13	....	8	36
25 to 34	8	10	3	3	24	4	11	....	4	19	12	21	3	7	43
35 to 44	5	8	....	3	16	4	4	....	4	12	9	12	....	7	28
45 to 54	1	13	1	4	19	4	3	....	3	10	5	16	1	7	29
55 to 65	2	4	6	....	12	1	4	....	....	5	3	8	6	....	17
Over 65	1	6	4	....	11	1	6	2	2	11	2	12	6	2	22
Totals	25	49	14	19	107	27	34	3	18	82	52	83	17	37	189

TABLE N4.

Year	Minimal Cases	Moderately Advanced	Advanced	Total
1951-52	51=30.2%	95=56.2%	23=13.6%	169
1952-53	62=33.5%	98=53.0%	25=13.5%	185
1953-54	52=31.7%	90=54.9%	22=13.4%	164
1954-55	52=34.2%	83=54.6%	17=11.2%	152

Modes of Discovery.

The notifications were received from the following sources:—

Private physicians	.....	21
Chest clinics	.....	25
Public hospitals	.....	73
Mass X-ray survey	.....	69
Government medical officer	.....	1
	Total	189

TABLE N5.

Sex ratio of new cases, per cent males—	Marital Status—	
1950-51—53.8%	Married persons ..	106
1951-52—60.1%	Single ..	65
1952-53—54.6%	Widow or widower ..	16
1953-54—52.0%	Married ..	
1954-55—56.6%	(divorced) ..	2
	TOTAL ..	189

There has again been a marked increase of the percentage of cases discovered by the mass X-ray survey, which represents 45 per cent for 1954-55 as compared with 40 per cent and 32 per cent in the two previous years. It is interesting to note that this is the only agency for the discovery of cases which has shown an actual and proportional rise in the number of cases discovered.

TABLE N6.

TABLE Showing Notifications Received Each Month from Each Municipality During the Year ended 30th June, 1955.

Municipality.	July	August	September	October	November	December	January	February	March	April	May	June	Total.
Beaconsfield ..	2	..	..	1	1	..	1	..	1	..	..	..	6
Bothwell
Brighton
Bruny
Burnie	3	..	1	2	..	3	..	2	..	2	..	13
Campbell Town
Circular Head	1	..	..	..	1	..	..	..	..	..	2
Clarence ..	1	..	1	..	..	1	..	..	..	1	1	..	5
Deloraine	1	..	..	..	..	1
Devonport	1	..	1	..	1	..	..	1	1	..	..	5
Esperance	1	..
Evandale	1	1	1	3
Fingal	2	..	..	..	2
Flinders
George Town	1
Glamorgan	1	..	..	..	..	..	..	..	..	4	3	19
Glenorchy ..	2	..	2	1	..	1	..	3	3	..	..	..	..
Gormanston
Green Ponds	4
Hamilton	1	2	..	..	..	1	..	..	2	3	3	34
Hobart	6	..	3	3	4	2	4	4	2	3	1	1
Huon
Kentish	1	1	1	1	6
Kingborough	1	..	1	..	..	..	..	..	..	..	..	..
King Island	1
Latrobe ..	1	..	..	..	..	..	..	..	..	4	1	2	29
Launceston ..	3	4	1	1	2	4	3	4	..	..	..	..	..
Lilydale	1	..	..	..	..	1
Longford	1	..	..	1	..	15
New Norfolk	3	4	1	3	1	..	..	..	..	..	1	2
Oatlands	1	..	..	..	..	2	..	3
Penguin	1	..	..	1	..	..	..	2
Port Cygnet
Portland	1	..	6
Queenstown ..	1	1	..	..	1	..	..	..	..	..	..	..	2
Richmond	1	..	..	..	..	1	..	..	..	2
Ringarooma
Ross	1	..	..	..	..	1	2
Scottsdale	2
Sorell	1	..	..	..	..	..	..	..	..	..	..	1
Spring Bay	1
St. Leonards	1
Strahan
Table Cape (Wynyard)	1	..	..	..	..	..	..	..	..	..	..	1
Tasman	1	..	..	..	..	..	1
Ulverstone (Leven)	1	..	..	1
Waratah	1	..	..	..	..	1	..	..	1	..	..	4
Westbury	2	2	..	3	..	..	..	..	8
Zeehan	1	..	..	..	..	..	..	..	..	..	..	..
Total Cases ..	11	24	13	13	17	18	15	19	19	11	18	13	189
Pulmonary ..	10	19	9	13	15	15	12	13	15	7	13	11	152
Non-Pulmonary ..	1	5	4	..	2	3	3	6	2	4	5	2	37

Information Obtained at Notification.

Of the 152 new cases of pulmonary tuberculosis 68 had a positive sputum at the time of notification, 26 cases a negative, and in 58 instances no information was given. A family history of tuberculosis was found to be present in 65 of the new notifications.

Disposal of Notified Cases.

Of the 152 new pulmonary cases notified, 108 were stated to require hospitalization. Of this figure 103 were actually admitted to hospital as under:—

Tasmanian Chest Hospital	54
Northern Chest Hospital	36
Repatriation General Hospital	12
Vaucluse section of the Royal Hobart Hospital	1

Admission of three cases notified during June of this year is pending: one patient died before admission to hospital, and in one case the parents refused to allow their child to be treated in hospital.

Notification by Municipalities.

As will be seen from Table N6, the industrialised centres were again responsible for the bulk of new notifications.

Occupations of New Notifications.

As in last year's report, there was no occupation which appeared to be a definite hazard as regards the development of pulmonary tuberculosis.

Tuberculosis Deaths During the Year.

The number of deaths notified to the Registrar-General in which tuberculosis was given as a cause of death was 44. However, 15 of the total were described as dying from myocardial disease or cerebro-vascular incidents. From a dissection of the causes of death and a personal knowledge of many of the persons involved it appears that tuberculosis was the cause of death in 31 cases, which gives an approximate figure of 10 per 100,000. Further reference to these statistics is made later.

Table N7 gives the age group and sex of those people notified to the Registrar-General in whose deaths tuberculosis was involved.

TABLE N7.

	Males	Females	Total
Under 15 years	1	...	1
15 to 24 years	1	1	2
25 to 34 years	1	...	1
35 to 44 years	1	3	4
45 to 54 years	7	2	9
55 to 65 years	6	3	9
Over 65 years	13	4	17
Age not stated .....	...	1	1
Totals	30	14	44

Migrants Notified with Tuberculosis.

Table N8 shows the incidence of various types of tuberculosis disease among the 11 migrants who were notified during the year. This figure compares with 16 in the year 1953-54. Their countries of origin were as follows:—England, 2; Italy, 2; Hungary, Germany, Lithuania, Northern Ireland, Estonia, Poland and Norway, 1 each.

TABLE N8.

	Males	Females	Total
Pulmonary	5	3	8
Pleural effusion	1	...	1
Non-pulmonary	1	1	2
	—	—	—
	7	4	11
	—	—	—

Tuberculosis Allowance.

Information supplied by the Commonwealth Social Services Department shows that at the beginning of the year there were 228 persons in receipt of the allowance. During the year 173 allowances were cancelled and new allowances were instituted in 155 cases, making the number in receipt of the tuberculosis allowance at the end of the year 210, a nett decrease for the year of 18 only.

The slow decrease in the number of patients receiving the allowance is evidence of the slow decrease in the importance of the tuberculosis problem.

State Register.

Table N9 shows the position regarding State register of cases as at 30.6.55.

TABLE N9.

Total cases registered to 30.6.55	3,687
<i>Taken off Register—</i>	
(a) Transferred to Deceased Register	1,001
(b) Left State	75
(c) Diagnosis revoked	39
(d) No record 10 years or more	318
	1,433

Cases on Register at 30.6.55	2,254
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State Case Register 30.6.55.

Non-pulmonary cases	254
Repatriation non-pulmonary and pulmonary cases	468
Pulmonary cases other than Repatriation	1,532
	2,254

Pulmonary Cases other than Repatriation.

Inactive Register	1,225
Active Register	307
	1,532

Active Register—

Active cases	205
Arrested cases	97
Undetermined cases	5
	307

In-Patients Chest Hospitals 30.6.55.

Tasmanian Chest Hospital	65
Northern Chest Hospital	39
	104

Total includes two non-pulmonary cases

TASMANIAN CHEST HOSPITAL, NEW TOWN.

Maintenance Expenditure for Financial Year ended 30th June, 1955.

	£	s.	d.
Salaries and wages	54,419	4	1
Medicines and provisions	16,290	9	7
Domestic maintenance	4,514	6	4
Financial charges	109	9	10
Maintenance of equipment	3,520	4	6
Maintenance of building and grounds	1,766	9	7
Incidentals	1,038	1	0
Total	£81,658	4	11
Daily average cost per bed			
		£2	19 11

Admissions, Re-admissions, Discharges and Deaths.

	Males	Females	Total
Patients in hospital on 1.7.54	36	44	80
Patients admitted during the year	70	53	123
Total treated	106	97	203
Patients discharged during the year	67	61	128
Deaths during the year	3	1	4
Patients remaining in hospital on 30.6.55	32	33	65
On transfer at Royal Hobart Hospital at 30.6.55	4	2	6
Patients discharged against medical advice	1	3	4
Patients discharged for disciplinary reasons	...	...	...
Re-admission for special treatment, i.e. surgical	3	1	4
Re-admission for relapse following inactivity of disease for longer than three months	3	2	5
Re-admission for similar relapse after more than three months' inactivity among those discharged against medical advice	...	...	...
Re-admissions following surgery	...	...	...
Daily average number resident during the year	40	34	75
Average length of residence of patients discharged (days)	194	246	218

Stage of Disease on Admission.

	Males	Females	Total
Minimal	7	6	13
Moderately advanced	27	29	56
Advanced	27	9	36
Ex-surgical	2	5	7
Diagnosis revoked	1	1	2
On transfer from Northern Chest Hospital for surgical	8	7	15
Non-pulmonary tuberculosis	...	1	1
	72	58	130

Clinical and Bacteriological Status on Discharge.

Inactive	2	Sputum negative	65
Arrested	85	Sputum positive	12
Active	31	Result not available	41
Transferred to Northern Chest Hospital for surgery	...	...	10

Treatment Carried Out.

Lobectomy and Thoracoplasty	21
Segmental resection	12
Thoracoplasty	12
Pneumonectomy	3
Plombage	1
Cavernostomy	...
Phrenic crush	...
Pneumolysis	...
Bronchoscopic examinations	9

Pathology—

B.S.R.	644
Gastric Lavage	67
Gastric Culture	67
Sputum test	388
Sputum concentration	140
Blood count: total and differential	67
Urine test	144
Gastric meals	1
Laryngeal swabs	6
Other cultures	20
Pathological dissections (biopsy)	29

Radiography—

X-rays	786
Tomography	127

Physiotherapy—

Patients undergoing physiotherapy treatment during the year	57
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Dental—

Complete dentures	10
Fillings	44
Extractions	60
Minor operations (removal of cyst, roots, &c.)	137
Total dental treatments	251

General.

It will be seen from the statistics given above that there has been a further decrease in the average number of patients in hospital and also in the average length of stay per patient. It is gratifying to report that the increase in the amount of major surgery has been maintained and even improved. I should like to emphasise the excellence of the results achieved by the Thoracic Surgeon, Mr. Braithwaite, and to point out that over the last three years his mortality for tuberculosis thoracic surgery performed for this Division has been nil.

Staff.

Dr. M. G. Ciezar, who had been appointed Acting Medical Superintendent in the previous year, was appointed to the permanent position of Medical Superintendent. The Physiotherapist, Mrs. Thierjung, resigned just before the end of the financial year and so far it has been impossible to replace her. Proper instruction in physiotherapy is regarded as one of the most important parts of the pre-operative preparation of patients, and every effort is being made to secure a new physiotherapist.

Buildings.

No new buildings have been erected. At the rest home, the wards and corridors have been entirely re-decorated by the hospital staff. Considerable trouble has been experienced in the operation of the sputum destructor, and this has had to be re-modelled. It is now working satisfactorily.

Amenities.

The hospital continues to have much cause for gratitude to the Tasmanian Sanatoria Aftercare Association and Chest Hospital Auxiliary, which continue to do much for the welfare of the patients.

*NORTHERN CHEST HOSPITAL, EVANDALE.**Maintenance Expenditure for Financial Year ended 30th June, 1955.*

	£	s.	d.
Salaries and wages	31,654	17	3
Medicines and provisions	10,936	6	10
Domestic maintenance	4,625	0	3
Financial charges	107	10	1
Maintenance of equipment	2,398	6	8
Maintenance of buildings and grounds	2,040	15	8
Incidentals	1,518	4	4
Total	£53,281	1	1

Daily average cost per bed £2 17 6

Admissions, Re-admissions, Discharges and Deaths.

	Males	Females	Total
Patients in hospital on 1.7.54	24	24	48
Patients admitted during the year	48	35	83
Total treated	72	59	131

Patients discharged during the year	49	35	84
Deaths during the year	5	3	8
Patients remaining in hospital on 30.6.55	18	21	39

	Males	Females	Total
Patients discharged against medical advice	2	2	4
Patients discharged for disciplinary reasons	1	...	1
Re-admissions for special treatment, i.e., surgical	1	...	1
Re-admissions for relapse following inactivity of disease for longer than three months	5	10	15
Re-admissions for similar relapse after more than three months' inactivity among those discharged against medical advice	...	...	...
Re-admissions following surgery	3	3	6
Daily average number resident during the year	29	21	50
Average length of residence of patients discharged (days)	205	216	210

Stage of Disease on Admission.

Minimal	2
Moderately advanced	69
Advanced	4
Ex-surgical	6
Diagnosis revoked	2
	—
	83

Clinical and Bacteriological Status on Discharge.

Inactive	Sputum negative	80
Arrested	Sputum positive	4
Active		84

Treatment Carried Out.

<i>Pathology</i> —	
B.S.R.	150
Gastric Lavage	99
Gastric Culture	...
Sputum tests	459
Sputum concentration	...
Blood count: total and differential	4
Other smears	...
Urine tests—Micro	15
Urine tests—Culture	6
Gastric meals	...
<i>Radiography</i> —	
X-rays	502

General.

It will be seen that there has been a corresponding diminution in the average number of patients in hospital and in their average length of stay to that obtaining in the Tasmanian Chest Hospital. It will be noticed that re-admissions for relapse following more than three months' inactivity have been very considerably reduced to the number of 15, as compared with 45 for the previous year. This is gratifying, and the reduction must be attributed to the successful surgical treatment of some of the more chronic cases and to the more

satisfactory results achieved by prolonged chemotherapy.

Staff.

In January, 1955, Dr. Hanks completed his term of office as Resident Medical Officer and commenced post-graduate work in England. Dr. Hanks gave valuable assistance during the twelve months in which he worked at the Northern Chest Hospital. More recently the Medical Superintendent, Dr. J. S. Elliott, has tendered his resignation to take place in September, 1955.

Arrangements will be made to carry on the medical work of the hospital. As in the previous year, the maintenance of an adequate nursing staff has again proved rather precarious, but the position should be improved when the new accommodation for nurses is completed.

Buildings.

The alterations and new accommodation for the X-ray plant and dental clinic have now been completed, and this has greatly facilitated the performance of the medical work of the hospital. The Commonwealth sanctioned further capital expenditure on the provision of new accommodation for nursing staff and the improvement of the living quarters of the domestic staff. This work has been started, and when completed should make a material difference to the ease with which nursing staff can be recruited. The installation of a new water supply for fire fighting has also been started. Two empty wards are in the process of being converted into a theatrette. Approval has also been given by the Commonwealth for capital expenditure to acquire the recreation hall, which is the property of the Red Cross.

Amenities.

The Northern Auxiliary has, as previously, provided most valuable service for the patients. They are proposing to convert the recreation hall into a diversional therapy room for female patients, and they are also being mainly responsible for the conversion of the empty wards into a theatrette. Arrangements are finally in hand for the part-time employment of a diversional therapist.

Chest Clinics.

Table N10 shows the work of the various Chest Clinics throughout the year. The temporary Chest Clinic at the Royal Hobart Hospital has been completed and is being used pending the erection of a new Chest Clinic in the projected Out-patients' Department of the Royal Hobart Hospital.

TABLE N10.

	Hobart	Launceston	Devonport	Burnie
Notified cases commencing attendance	22	27	8	16
Cases referred from mass survey for investigation	66	17	3	7
Cases referred by private medical practitioners	70	13	21	17
Contacts registered at Chest Clinics	210	203	64	59
Total new cases registered	368	260	96	99
Total attendances	3,737	3,575	1,038	990
<i>TREATMENT AND INVESTIGATIONS</i> —				
X-ray examination 17 x 14	2,123	1,475	423	344
X-ray screening examinations	...	17	4	...
Miniature X-rays	1,076	...	...	...
Sputum tests	762	451	66	49
Gastric lavages	93	17	1	5
Mantoux tests	1,232	1,413	212	277
B.C.G. vaccinations	184	208	26	40
Blood sedimentation rates	51	520	99	103
Pneumothorax refills	6	2	...	2
Pneumoperitoneum refills	1	7	1	27
Domiciliary visits	353	530	141	212

B.C.G. Vaccination.

Statistics regarding B.C.G. vaccination carried out at the various Chest Clinics are given in Table N11. The new freeze-dried vaccine has been in use for the greater part of the year and has proved satisfactory.

TABLE N11.

Statement Showing Persons Receiving B.C.G. Vaccinations.

	Hobart	Launceston	Devonport and Burnie
Infants at special risk	24	11	12
Infants not at special risk .....	....	7	....
CANTACTS AND NURSES—			
(i) Mantoux tested	526	311	114
(ii) Mantoux positive	275	97	38
(iii) Mantoux negative	251	214	76
(iv) Vaccinated	165	147	53
SCHOOL LEAVERS—			
(i) Mantoux tested .....	....	....	1
(ii) Mantoux positive .....	....	....	....
(iii) Mantoux negative .....	....	....	1
(iv) Vaccinated .....	....	....	1
NATIONAL SERVICE TRAINEES—			
(i) Mantoux tested	1,088	....	....
(ii) Mantoux positive	182	(45 of these had B.C.G. previously)	
(iii) Mantoux negative	893	....	....
(iv) Vaccinated	867	....	....
(v) Mantoux positive after vaccination	771	....	....
(vi) Mantoux negative after vaccination	48	....	....
(vii) Not checked after vaccination	48	....	....

TABLE N12.

Mass X-ray.

	Hobart	Transportable	Mobile	Royal Hobart Hospital	Total
1. Total number of miniature films	118,442				
(a) Recalled for large film	3,624				
(b) Technical faults	1,748				
2. Total number of micro films	36,158	24,728	45,469	12,087	118,442
Total number of L.F. required	1,042	690	1,428	464	3,624
Total number of L.F. taken	1,127	335	1,348	338	3,148
(a) Normal	669	96	829	213	1,807
(b) Abnormal	458	239	519	125	1,341
(i) Probably tuberculous	302	171	304	64	64
(ii) Probably non-tuberculous	140	62	193	50	50
(iii) Cardiac	16	6	22	11	11
(c) Referred for further investigation to					
(i) Chest Clinic					73
(ii) Private practitioner					207
3. Diagnosis made:					
(a) Active tuberculosis	24	8	35	2	69
(i) Minimal	8	3	8	2	2
(ii) Moderately advanced	15	4	25	....	69
(iii) Far advanced	1	1	2	....	....
(b) Inactive tuberculosis	189	102	131	39	461
(c) Still under observation	55	27	110	16	208
4. Other abnormalities discovered:					
Pneumonitis non-T.B.	1	3	10	4	18
Pneumothorax ....	....	....	1	....	1
Silicosis	1	1	10	1	13
Bronchiectasis	4	....	1	....	5
Bronchitis	6	1	6	2	13
Emphysema	3	....	9	1	13
Bronchial carcinoma ....	....	....	....	....	....
Secondary carcinoma	1	1	1	....	3
Sarcoidosis	1	....	4	....	5
Cystic disease	2	....	....	....	2
Atelectasis	2	....	4	1	7
Hydatid	4	2	11	1	18
Diaphragmatic	4	....	4	3	11
Pleural thickening or adhesions	37	12	27	10	86
Thyroid	3	1	1	....	5
Fibrosis? Cause	13	9	18	....	40
Calcification? Cause	1	....	7	2	10
Number L.F. taken for Repatriation Department					271

Flinders Island Survey.

Population	1,018
Total number of L.F. taken	782
(a) Normal	746
(b) Abnormal	36
(i) Probably tuberculous	25
(ii) Probably non-tuberculous	11
(iii) Cardiac .....	....
(c) Active T.B.	2

TABLE N13.

Statement Showing the Number of Persons X-rayed on the Hobart, Mobile No. 1, Mobile No. 2, Launceston and Royal Hobart Hospital X-ray Units from the date of commencement until 30th June, 1955.

Hobart X-ray Unit—

	In Age Group	Attending on Vol. Basis	Total
1945	11,955	11,955
1946	11,484	11,484
1947	10,970	10,970
1948	13,221	13,221
1949	17,916	17,916
1950	12,527	22,377
1951	21,115	41,476
1952	23,126	43,646
1953	19,573	42,404
1954	16,453	38,875
1955	13,706	36,158
	<hr/>	<hr/>	<hr/>
	106,500	183,982	290,482

Royal Hobart Hospital Unit—

	In Age Group	Attending on Vol. Basis	Total
1954	3,149	210	3,359
1955	11,170	917	12,087
	<hr/>	<hr/>	<hr/>
	14,319	1,127	15,446

Hobart Units Combined Totals—

	In Age Group	Attending on Vol. Basis	Total
1954	19,602	22,632	42,234
1955	24,876	23,369	48,245

Mobile No. 1 Unit—

	In Age Group	Attending on Vol. Basis	Total
1946	....	11,153	11,153
1947	....	22,597	22,597
1948	....	23,295	23,295
1949	....	20,978	20,978
1950	....	16,482	16,482
1951	10,695	26,088	36,783
1952	36,840	511	37,351
1953	42,574	441	43,015
1954	45,349	413	45,762
1955	42,172	165	42,337
	<hr/>	<hr/>	<hr/>
	177,630	122,123	299,753

Launceston X-ray Unit—

	In Age Group	Attending on Vol. Basis	Total
1947	....	1,592	1,592
1952*	12,214	4,738	16,952
1952†	2,282	1,434	3,716
1953	14,133	11,740	25,873
1954	11,371	10,700	22,071
1955	10,337	14,391	24,728
	<hr/>	<hr/>	<hr/>
	50,337	44,595	94,932

Mobile No. 2 Unit—

1954	5,138	24	5,162
1955	3,109	23	3,132
	<hr/>	<hr/>	<hr/>
	8,247	47	8,294

By Other Units on Loan—

King Island	....	1,346 large films
Flinders Island	....	782 large films
Hobart	Total X-rayed Since Inception	Total X-rayed 1954-55
Mobile No. 1	290,482	36,158
Mobile No. 2	299,753	42,337
Launceston	8,294	3,132
Royal Hobart Hospital	94,932	24,728
	<hr/>	<hr/>
	15,446	12,087
	<hr/>	<hr/>
	708,907	118,442

* As Transportable

† As Launceston

Mass Radiography.

Tables N12 and N13 detail the work done by the various units of the Mass Survey Section of the Division. A survey of Flinders Island was carried out in February, 1955, and the Division is much indebted to Dr. Eddy, Director of the Commonwealth X-ray Laboratory, for providing a portable unit and generator which enabled the survey to be undertaken. Two cases only of active tuberculosis were found on the island.

Considerable difficulties have been experienced with the No. 1 Mobile Unit, which has now been in use for about 10 years, and representations have been made to the Commonwealth that consideration be given to replacing this unit.

Routine chest X-rays are taken of all in-patients of the various hospitals in the State where such a procedure is practicable, and in addition outpatients are X-rayed at the Royal Hobart Hospital.

General.

It is well known that neither the death rate nor the number of new cases occurring in any community can give complete information regarding the progress of anti-tuberculosis measures. On the other hand, while these figures remain high all the facilities of an active campaign must be employed, and it would be absurd to claim any large degree of success in the eradication of the disease while these figures remain on a continuously high level.

Increasing use of tuberculosis surveys will give the best indication of the prevalence of tuberculosis infection in the community.

Infection in Cattle.

A small pocket of tuberculosis in cattle was discovered in two country districts in the State and as a result of this a Mantoux survey was performed on the school-children of the district who could conceivably have been affected. Of 209 children between the ages of six and 14 who were tested, 199 were Mantoux negative and ten were Mantoux positive. Of the ten positive children, four were recent migrants from England and Holland. Further investigation of the families and relatives of the positive children is at present being undertaken.

Staff.

The writer returned to the State in November, 1954, after a tour of tuberculosis institutions in North America, Great Britain and Europe. In April, 1955, however, it was necessary to assume the position of Acting Director-General of Medical Services in the absence of Dr. Edis, and Dr. W. J. E. Phillips was required to carry out again the major portion of the Director's duties in this Division, and to submit most of the information forming the basis of this report.

Beginning in January, 1955, arrangements were made for a Resident Medical Officer from the Royal Hobart Hospital to be attached to this Division on a four-monthly basis. To date two medical officers have been so attached, and it is satisfactory to know that a small number of young doctors will thus be trained each year in the diagnosis and treatment of thoracic disease.

Rehabilitation.

Again I would like to record my appreciation of the help given to the Division and the patients under its care by the Commonwealth Department of Social Services, Rehabilitation Branch.

After-Care.

The Tasmanian Sanatoria After-care Association has continued to maintain "Largo" as an after-care hostel for male patients, and some concern has been felt at the diminishing number of patients who require such a hostel. It is difficult to forecast what may be the trend in this matter. It seems definite that for years to come there will always be a need for such an institution, and the number of inmates will vary, presumably, with the domestic circumstances of those discharged from the chest hospitals. This Division is most appreciative of the work done at "Largo".

Compulsory Provisions of the Tuberculosis Act.

The amendment to the Tuberculosis Act referred to in the report for 1953-54, which consisted of an alteration of wording thereby strengthening the hand of the Director, has been passed through Parliament. However, it appears that further amendment to the Act may be necessary if it is to achieve its purpose. A prosecution brought against an individual for failing to comply with a direction of the Director was dismissed by a Police Magistrate at the end of 1954 on the grounds that the prosecution had not proved wilful disobedience. An appeal against this decision upheld the Magistrate's opinion, and it thus appears that further prosecutions may be dismissed unless some amendment to the Act is made.

One person was brought before the Northern Tuberculosis Board with a view to compulsory segregation, and was committed to the Northern Chest Hospital.

Considerable trouble has been experienced in both chest hospitals from the behaviour of several male patients with alcoholic tendencies who consistently refused to adopt a responsible attitude towards their disease. Although it is possible to commit individuals to hospital and to stop their tuberculosis allowance as a measure against unco-operative patients, it is not in this State at present permissible to keep such patients by force in hospital, with the result that the position as regards such patients becomes completely untenable. I would suggest that consideration be again given to obtaining powers for keeping such patients in locked wards, and I understand that in the new chest hospital at present in course of erection in Brisbane, such a ward for recalcitrant patients is being included, and similar provision already exists in Western Australia.

In conclusion, I would like to thank Dr. Phillips for his work at headquarters of the Division, as well as the Medical Superintendents, Matrons and staff of the Tasmanian and Northern Chest Hospitals, the sisters of the Hobart, Launceston and Devonport Chest Clinics, the officers of the head office of the Division and all the officers of the Mass Survey Section for their co-operation and excellent work throughout the year.

Thanks are also due to the part-time medical officers of the Division, Dr. T. H. Goddard, Dr. Peter Braithwaite, Dr. Rose of Devonport, and Dr. Pearson of Burnie.

JAMES TREMAYNE, M.B. (Syd.),
M.R.A.C.P.

Director of Tuberculosis.

Section IV.—Report of the Director of Mental Hygiene for the Year ended 30th June, 1955*Accommodation.*

The year ended 30th June, 1955, saw considerable progress in the building of the new Mental Hospital at New Norfolk. The essential services buildings comprising boiler house, kitchen and store, laundry and artisans workshops are practically complete as is one ward, the female infirmary. In addition a medical officer's house and a hostel to accommodate 20 male staff have been completed.

During the coming year it is hoped to have the nurses home, staff dining rooms and four additional wards under way.

Following several years of rapid increase in the patient population of the Lachlan Park Hospital the past year showed a minor drop in the total remaining in hospital—a welcome breathing space.

The Division of Mental Hygiene headquarters continued to house the State Psychological Clinic and the secretariat of the Mental Deficiency Board.

Staff.

The staff of the Division was increased by the addition of a clerk. A new position of Psychologist was created but not filled.

A most serious position has arisen because of repeated failures to fill vacancies on the professional staff. Vacant positions are those of Psychiatrist, Psychologist and Psychiatric Social Worker. Until these offices are filled the establishment of a Child Guidance Clinic will remain a dream, as it has done for the past five years.

The absence of any full-time assistance for the Director in his ever growing clinical work means that less and less time is available for administration and planning. The clinical service provided for Hobart is minimal and to reduce it is unthinkable. Yet this will have to be done unless the vacant position of psychiatrist can be filled.

The two psychologists on the staff are not able to cope with the work required of them by the State Psychological Clinic, the Ashley Home and the Psychiatric Services at New Norfolk and in the north of the island. An additional psychologist stationed in the north would reduce the amount of travelling and, with the additional work waiting to be done if there were someone to do it, he would be kept busy.

The most serious deficiency (apart from the lack of a Child Guidance Clinic) continues to be the availability of only one Psychiatric Social

Worker. In an effective clinical service such as is provided by the State Psychological Clinic and the Mental Deficiency Board there should be at least three Psychiatric Social Workers. Miss Lockley continues to shoulder the burden alone, working many hundreds of hours of overtime per year, without complaint and without remuneration. Yet complaints have been received because of lack of adequate case work and in some cases the work of years has been undone because of the physical impossibility of adequate follow up.

Members of the staff have continued to assist as before in community activities, particularly in giving talks to interested groups in the community. This is of primary importance in the preventive work which is vital to the development of a health community. It is unfortunate that more cannot be undertaken, but with shortages of the professional staff so acute, it is physically impossible. Indeed it has only been possible to do this work because the already over-worked staff have been prepared to give up their own time, realising the need for this community service.

Stoller Report.

The most politically sensational event of the year so far as this Division was concerned was the publication of the "Stoller Report". As was inevitable in a report of such magnitude there were some errors. But, allowing for the fact that the report was concerned with deficiencies rather than achievements and so tended to paint a pessimistic picture, the report appeared fair comment. It is some small consolation that Tasmania fared well by comparison with most other States.

It is the opinion of the Federal Government that in any improvement in the mental health services, new building to relieve the dreadful overcrowding must receive first priority. Tasmania has very little overcrowding and is well advanced in the new building programme.

In this State the most urgent need now is for additional medical and other professional staff. For very many years there has been a totally inadequate medical staff to care for the 800 odd patients at Lachlan Park. Very few junior doctors are anxious to join the staff of a mental hospital situated in a country town, by-passed by the main stream of medicine in the State, and without the possibility of working for a Diploma in Psychological Medicine. At least one young Hobart doctor is about to join the staff of the Mental Hygiene Department in Victoria because of the facilities available there for gaining the Diploma, without which one cannot these days become an accredited psychiatrist.

Unless the salaries for medical staff at the Lachlan Park Hospital are increased very considerably a continuation or even a worsening of the present critical situation can be expected. The same applies to the female nursing and ancillary professional staff. This island, because of its geographical situation and lack of a medical school, is in a disadvantageous position compared to all other States except Western Australia. Unless it can afford inducements adequate to compensate for this it must remain content to provide an inadequate mental health service.

Talire Child Centre.

Talire Child Centre continues to be administered by this Division. There are now 28 children attending and a long waiting list. It seems that even more expansion will be needed in the near future. Day Minding Centres are being established elsewhere in the State, with a view ultimately to providing centres similar to Talire. Limited financial assistance is given by the Health Department.

Officers of the Division continue to give assistance to the Retarded Children's Welfare Association. The plans for the hostel are well in hand and the Association has asked for Government help on a £ for £ basis in the coming financial year to commence the first units of the Hostel which will provide much-needed accommodation for country children. The Association is to be commended for the progress it has made since its inception.

The following functions were performed by officers of the Division during the year:—

1. Psychiatric Clinics, Royal Hobart Hospital:

	Sessions per week.
Director of Mental Hygiene	3
Medical Superintendent, Lachlan Park Hospital	1
Deputy Medical Superintendent, Millbrook Rise	1
(The Medical Superintendent, Lachlan Park Hospital was on sick leave for the greater part of the year).	
Psychiatric Social Worker	2
Psychologist	as required

2. Psychiatric Clinics, Launceston General Hospital, Devon Hospital, Burnie Hospital and Wynyard Hospital.

The Division supplies a Psychologist who visits these hospitals with the Psychiatrist to the Launceston General Hospital.

3. Ashley Home—Psychological Testing of all inmates is carried out by a psychologist from the Division.

4. The vast majority of examinations by the State Psychological Clinic are carried out by officers of the Division.

5. The vast majority of examinations for the Mental Deficiency Board are carried out by officers of the Division.

6. A large number of psychiatric and psychological examinations and investigations by the Psychiatric Social Worker are carried out for referring agencies, e.g., the Courts, the Gaol, the School Medical Service, other Government Departments both State and Federal, private medical practitioners and others.

7. During this year, the Senior Psychologist of the Division has been asked to inaugurate a series of three talks to the Child Health Trainees. This is done for each training course. The Division is particularly happy to co-operate in this matter, since the importance of the Child Health Sisters as front-line workers in the community cannot be too strongly stressed. We realise that three hours is not very long, but it is difficult to see how more time could be fitted into an already overcrowded programme. However, it is hoped that we can find some way of extending our-co-operation with the Public Health Service in the future.

Finally it is with regret that I have to report the long absence from duty of the Medical Superintendent, Lachlan Park Hospital, on account of illness, but with pleasure that I can report his return to duty and continued favourable progress.

Mental Deficiency Board.

During the year the Board welcomed Mr. R. McCulloch, representing the Department of Education, to its membership. The Director of Education found attendance at Board Meetings difficult because of pressure of work and latterly because of an overseas visit. Mr. McCulloch is Chief Psychologist to the Education Department and will be a valuable member.

The old Home for Invalids at Launceston, renamed "Nelumie" was renovated and remodelled for use as a Government Institution for Defectives and has been gazetted as such. It is hoped that it will soon be possible to use it to house high grade feeble-minded girls there as a stepping stone towards their placement in the community.

The problem of accommodating male defectives becomes yearly more acute. A new section at St. John's Park has been planned but there appears no immediate prospect of building it. Meanwhile the number of certified mental defectives continues to grow. Most of these must be placed in institutions. If more Psychiatric Social Workers were available it would be possible to place a number of defectives, now in institutions, under guardianship in the community. But the finding of suitable guardians and suitable employment for these people needs an adequate staff of psychiatric social workers.

Attendances at Board Meetings averaged three to four members per meeting.

The number of certified mental defectives under the control of the Board is approaching 300. Of these 148 are in Government Institutions and 68 in other charitable institutions and approximately 67 under guardianship in the community.

State Psychological Clinic.

The clinic continues to undertake all psychological examinations. There is still a desperate need for more staff, and although the position has been created for another psychologist, it has so far been impossible to fill it. Our other need is for suitable accommodation, particularly the provision of suitable testing and observation rooms. Since it has been impossible yet to form a proper Child Guidance Clinic, the State Psychological Clinic continues to do what little it can in this field. Students from the University continued to undertake part of their practical work under the supervision of the Senior Psychologist.

Yours faithfully,

J. R. V. FOXTON,
Director of Mental Hygiene.

TABLE O—1.
State Psychological Clinic.

Psychological Examinations.

Place of Examination	Number Examined
Hobart	451
Launceston	107
Devon Hospital	19
Spencer Hospital	4
Burnie Hospital	40
New Norfolk	25
Ashley	97
Other	52
Total	795

TABLE O—2.
State Psychological Clinic.

New Cases Only.

	Male	Female	Total
Personality Investigations	19	12	31
Normal or above normal intelligence	112	37	149
Below normal	64	29	93
Feeble-minded	34	25	59
Imbecile	8	10	18
Psychiatric	24	22	46
	261	135	396
Court referrals	82	13	95

TABLE O—3.
Psychiatric Social Work.

Summary of work carried out by the Senior Psychiatric Social Worker, Miss P. J. Lockley, 1.7.54-30.6.55.

Number of cases on which work undertaken	275
Number of homes visited	115
Number of patients visited in institutions	11
Number of home visits	145
Number of other visits in connection with cases	134
Number of office interviews with patients, relatives and others	316
Number of other interviews, casework contacts, &c., with patients, relatives and others	338
Number of cases on which contact was made with outside agencies, individuals, &c.	171
Number of cases on which one or more relatives interviewed	176
Number of visits paid, interviews conducted, &c., outside Hobart	217

APPENDIX XII.

REPORT OF LACHLAN PARK HOSPITAL, NEW NORFOLK, FOR YEAR ENDED 30TH JUNE, 1955.

I herewith submit my report on Lachlan Park Hospital for the year ended 30th June, 1955, with appropriate tables.

It will be seen from these tables that the numbers of patients admitted to hospital over the year for the first time have somewhat decreased. It will also be noted that those re-admitted over the past 12 months have practically doubled themselves. Although this latter figure is small, it is of importance for the following reason:

It would appear from the tables that patients re-admitted to hospital have practically doubled themselves. This, in fact, is not true if one takes into consideration the fact that many so-called "re-admissions" are alcoholics who have been admitted on many occasions.

Of the alcoholic psychotics admitted for the year a rise of 15 was noted in 1954-55. Here again this figure must be accepted for what it is truly worth in that many of these alcoholics are re-admissions as opposed to being admitted for the first time.

Taking the picture by and large, one can see that there has been a decrease of approximately 11 patients in the hospital over the past 12 months.

Another point of significance as is seen on Table P-4 is the fact that the incidence of schizophrenia in males has fallen markedly, with an appropriate rise in the similar disease in females, but the total incidence of schizophrenia has been slightly reduced. The other outstanding complaint regarding incidence is senile dementia which has been somewhat reduced in the females and remains approximately the same as the former year in males. Nevertheless, the total incidence of senile dementia has been somewhat reduced over the past 12 months.

The population of Tasmania on the 30th June, 1955, was 160,835 males and 153,642 females. This represents a reduction of just under 5000 males and an increase of just over 1000 females in the year, that is an overall reduction in the population of Tasmania of approx. 3274.

Buildings, &c.

Stress has been laid in the past on the condition of many of the wards in the hospital and on the inconvenience and general unsuitability of the wards for use as a mental hospital, so that it is not my intention to re-stress these facts. I would like to stress, however, the fact that the new hospital at present in course of construction is being erected rapidly, and when completed should adequately supply the needs of Tasmania. The more up-to-date buildings in the old Institution, I understand, are to be used as a mental deficiency colony.

At present the new powerhouse has been virtually completed and steam has been raised.

The artisans' shop, kitchen, and laundry, together with a new infirmary block for 50 female patients, have all been practically completed. In order to use this new infirmary block it will be necessary for roads to be constructed and furnishings to be obtained for it. I understand that kitchen equipment has not yet been fully settled on, but this is a relatively small matter.

The male attendants' hostel is now fully completed, except for furnishings, together with a new medical officer's residence which is at present occupied.

Farm.

The farm has shown an increase in profit over the past year of £400, that is £3871 for the year 1953-54, and £4236 for the year 1954-55. This increase in production has been practically entirely due to increased milk production.

The question of the acquisition of "Turriff Lodge" for future farming is, I understand, still under discussion.

Staff.

The past 12 months have been difficult regarding the acquisition of staff on the female side, so much so that we have found it impossible to work a 40-hour week. Of the 100 nurses which we are allowed, we have at present just over 70. When annual leave, sickness, &c., are taken into consideration, this figure is reduced even further. The present standard of nursing in the hospital is very high.

For the greater part of the past two years we have had a full complement of medical staff but now, with the resignation of one of the medical officers, we will be again short.

Telephone System.

The present telephone system continues to give constant anxiety, but assurance has been given that a new system will shortly be inaugurated.

Patients' Health.

The health of the patients remains good and no serious outbreaks of epidemics have occurred over the year.

In conclusion, I would like to thank, on behalf of patients and staff, the Red Cross Society, Repatriation Department, and Hospital Auxiliaries for the work they have done over the past year. It has been much appreciated.

D. M. ANDERSON,
Medical Superintendent.

TABLE P—1.
LACHLAN PARK HOSPITAL.

Table Showing Admissions, Re-Admissions, Discharges, and Deaths during the Year 1954-55.

	Males	Females	Total	Males	Females	Total
In Hospital on 30th June, 1954	....	....	....	363	408	771
Admitted for first time	107	91	198	....	....	....
Re-Admitted	17	10	27	....	....	....
Returned from Trial Leave	60	77	137	....	....	....
 Total Admitted and Returned	....	....	....	184	178	362
Total under care during year	....	....	....	547	586	1133
Discharged from Hospital	38	19	57	....	....	....
Proceeded on Trial Leave	127	121	248	....	....	....
Died	29	39	68	....	....	....
Total off Records	....	....	....	194	179	373
Remaining in Hospital on 30.6.55	....	....	....	353	407	760

TABLE P—2.
LACHLAN PARK HOSPITAL.

Table Showing Numbers of Patients on, Returning from, and Discharged from Trial Leave during the Year 1954-55.

	Males	Females	Total	Males	Females	Total
On Trial Leave on 30th June, 1954	....	....	....	48	73	121
Proceeding on Trial Leave during year	....	....	....	127	121	248
Total on Trial Leave during year	....	....	....	175	194	369
Returned to Hospital from Trial Leave during year	60	77	137	....	....	....
Discharged from Trial Leave during year	31	35	66	....	....	....
Died whilst on Trial Leave during year	3	2	5	....	....	....
 Total Loss	....	....	....	94	114	208
Remaining on Trial Leave on 30.6.55	....	....	....	81	80	161

TABLE P—3.

LACHLAN PARK HOSPITAL.

Table Showing Manner in which patients were Admitted During the Year 1954-55.

How Admitted.	Males.	Females.	Total.
Private Order.....	66	71	137
Justice's Order	13	6	19
Magistrate's Order	2	..	2
Voluntary Boarders.....	35	23	58
Governor's Warrant	3	...	3
Section 13—Mental Hospitals Act .....	...	1	1
Inebriates Hospital Act.....	5	...	5
Returned from trial leave	60	77	137
Total Admitted and Returned 1954/55.	184	178	362
First Admission.....	107	91	198
Second " 	3	4	7
Third " 	6	6	12
Fourth " 	1	...	1
Fifth Admission and over.....	7	...	7
Returned from trial leave	60	77	137
	184	178	362

TABLE P—4.

LACHLAN PARK HOSPITAL.

Table Showing Form of Mental Disorder on Admission During 1954-55 and the form of Mental Disorder of Patients in Hospital on 30th June, 1955.

Form of Mental Disorder.	Admissions.			Remaining in Hospital.		
	Males.	Females.	Total.	Males.	Females.	Total.
A. Congenital Mental Deficiency:						
1. With Epilepsy .....	...	...	...	23	20	43
2. Without Epilepsy	8	10	18	110	107	217
3. With Schizophrenia	7	3	10	22	22	44
B. Dementias:						
1. Senile	22	28	50	16	40	56
2. Presenile	5	3	8	6	16	22
3. Secondary or Terminal .....	...	...	...	3	...	3
4. Arteriosclerosis.....	...	...	...	1	...	1
C. Organic Psychoses:						
1. Gross Brain Lesion	1	...	1	...	...	...
2. Dementia Paralytica	1	...	1	6	...	6
3. Epileptic Psychosis	7	3	10	7	...	7
4. Alcoholic Psychosis.....	25	1	26	10	3	13
5. Toxic Confusional or Exhaustive Psychosis	2	...	2	1	4	5
6. Parkinsonism .....	...	...	...	1	...	1
7. Huntington's Chorea	1	...	1	1	...	1
D. Psychogenic Psychoses:						
1. Manic Depressive Psychosis.....	5	1	6	13	29	42
2. Involutional Melancholia	2	9	11	7	10	17
3. Schizophrenia (not including A(3))	27	31	58	93	95	188
4. Paraphrenia and Paranoid States.....	2	6	8	27	50	77
5. Paranoia .....	...	...	...	4	3	7
6. Recurrent Melancholia	2	2	4	...	3	3
E. Psycho-neuroses:						
1. Psychopathic Personality .....	...	...	...	1	4	5
2. Anxiety States	7	3	10	1	1	2
3. Hysteria .....	...	1	1	...	...	...
TOTAL ...	124	101	225	353	407	760

十一

LACHLAN PARK HOSPITAL.

Table Showing Admissions and Re-Admissions, Discharges from Certification, Deaths, and the Number of Patients Remaining in Hospital on 30th June, for each of the last 10 years.

* Figures prior to 1947-48 include patients admitted from and discharged to Trial Leave.

† Discharges from Hospital and from Trial Leave recorded separately.

TABLE P-6.

LACHLAN PARK HOSPITAL

Showing the Number of Admissions, Discharges and Deaths for the Year 1954-55; the Percentage of Recoveries to New Admissions; the Average Daily Number Resident during the Year; and the Percentage of Deaths to the Average Daily Number Resident.
(Patients discharged from Trial Leave are classed as recovered.)

Certifications.	Discharges from Certification						Total Discharges per cent of New Admissions.	Recoveries Per cent of New Admissions.	Deaths (Not including Deaths Whist on Trial Leave).	Average Daily Number Resident						Percentage of Deaths to Average Daily Number Resident.																		
	Total.	Females.	Males.	Total.	Females.	Males.				Total.	Females.	Males.	Total.	Females.	Males.																			
First Admissions.	Treated Before.	Total New Admissions.	Recovered.	Improved.	Not Improved.	Total.	Males.	Total.	Females.	Total.	Females.	Males.	Total.	Females.	Males.	Total.																		
107	91	198	17	10	27	124	101	225	44	39	83	15	10	25	11	4	15	69	54123	29	39	68	35·48	38·61	36·88	55·64	53·46	54·66	359·09	408·29	767·39	8·07	9·55	8·86

TABLE P—7.

LACHLAN PARK HOSPITAL.

Table Showing in Quinquennial Periods the Ages of Patients Admitted to and Discharged from the Provisions of the Mental Hospitals Act, and of those that Died, during the Year 1954-55.

Ages.	New Admissions.			Discharged from the Provisions of the Mental Hospitals Act.								Deaths.						
				Recovered.		Improved		Unimproved.		Total								
	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.	Males.	Females.	Total.			
Under 5 years	2	5	7										1		1			
5 yrs. and under 10...	2	2	4										2		2			
10 "	15...	1	2										1		1			
15 "	20...	4	5										1		1			
20 "	25...	4	10	14									1		1			
25 "	30...	15	5	20									1		1			
30 "	35...	8	11	19									1		1			
35 "	40...	12	10	22									1		1			
40 "	45...	5	11	16									1		1			
45 "	50...	10	5	15									2		2			
50 "	55...	16	7	23									1		1			
55 "	60...	5	4	9									2		2			
60 "	65...	7	5	12									3		3			
65 "	70...	7	1	8									5		5			
70 "	75...	13	8	21									6		6			
75 "	80...	5	7	12									7		7			
80 "	85...	1	6	7									3		3			
85 "	90...	...	1	1									4		4			
90 "	95...	2	2	4									2		2			
95 "	100...	...	1	1									1		1			
Totals	119	101	220	40	40	80	15	10	25	11	4	15	66	54	120	29	39	68

TABLE P—8.

LACHLAN PARK HOSPITAL.

Table Showing the Causes of Deaths (including Deaths on Trial Leave) during the year 1954-55.

Causes of Deaths.	Males	Females	Total	Children under Age of 16			Grand Total
				Males	Females	Total	
Auricular Fibrillation.....	2	...	2	...	...	...	2
Cardio Vascular Degeneration	3	3	6	...	...	...	6
Cerebral Haemorrhage.....	...	1	1	...	...	...	1
Cerebral Thrombosis .....	...	2	2	...	...	...	2
Chronic Bronchitis and Pneumonia	12	13	25	1	1	1	26
Coronary Sclerosis	2	1	3	...	...	...	3
Cystic Goitre	1	...	1	...	...	...	1
Debility.....	1	...	1	1	1	1	2
Epilepsy.....	...	1	1	...	...	...	1
Gall Stones .....	...	1	1	...	...	...	1
Generalised Arteriosclerosis	1	1	2	...	...	...	2
Heart Failure .....	...	1	1	...	...	...	1
Huntington's Chorea	2	...	2	...	...	...	2
Idiocy.....	...	...	...	1	1	1	1
Mesenteric Thrombosis .....	...	...	...	1	1	1	1
Natural Causes.....	...	9	9	...	...	...	9
Senile Dementia	1	6	7	...	...	...	7
Died whilst on Trial Leave (cause of death unknown)...	3	2	5	...	...	...	5
Total Deaths.....	28	41	69	4	...	4	73

TABLE P—9.
LACHLAN PARK HOSPITAL.
Statistical Record.

	Males	Females	Total
Population of Tasmania as at 30-6-55	160,835	153,642	314,477
Proportion of Certified Insane per 1000 of population (including patients on trial leave)	2.737	3.178	2.952
Proportion of Admissions of Certified Insane per 10,000 of population (not including patients returned from trial leave)	5.53	5.07	5.31
Note: Admissions not including Voluntary Boarders	89	78	167

TABLE P—10.
LACHLAN PARK HOSPITAL.
Financial Statement.

	YEAR ENDED—				
	30.6.51.	30.6.52.	30.6.53.	30.6.54.	30.6.55
Average daily number of patients	680.27	712.35	737.58	770.09	767.39
Gross cost for year	£204,294	£257,503	£281,902	£296,015	£313,992
Fees received	£11,451	£12,393	£13,406	£13,428	£18,397
Other revenue	£111	£439	£520	£835	£620
Gross cost per head per day	16/5.47d	19/10.87d.	20/11.31d.	21/0.75d.	22/5.04d.
Net cost per head per day	15/6.30d.	18/10.97d.	19/10.89d.	20/0.57d.	21/0.72d.

APPENDIX XIII.**REPORT OF MILLBROOK PSYCHOPATHIC HOME**
FOR THE YEAR ENDED 30TH JUNE, 1955.

I submit herewith my report on Millbrook Psychopathic Home for the year ended 30th June, 1955, together with the appropriate tables.

It will be seen from the tables that there was a slight reduction in the numbers of patients treated in the Home over the past year. This has not been due to shortage of trained nursing staff as was formerly the case, but is simply due to lack of suitable patients. As you are aware, Millbrook Rise does not cater for patients with suicidal or alcoholic tendencies, and this limits the scope of those admitted to the Home.

The gross cost per head per day has risen over the past year due to increases in the cost of living, increases in salary and to certain difficulties experienced with drainage.

Fire fighting equipment has now been established completely around the Home, and the new Nurses' Home has been virtually completed.

The outside of the building which was in a bad state of repair as regards painting has now been painted.

It is hoped in the near future that an adequate supply of water from the Southern Regional Area will be made available for the new Lachlan Park Hospital and also for Millbrook Rise.

D. M. ANDERSON,
Medical Superintendent.

TABLE P—11.**MILLBROOK PSYCHOPATHIC HOME.**

Statement Showing Form of Mental Disorder on Admission for Year Ended 30th June, 1955.

Diagnosis—	Males.	Females.	Total.
Anxiety State	13	17	30
Melancholia and Depressive States;	11	33	44
Hysteria	1	12	13
Schizophrenia and Schizoid States.....	21	17	38
Paraphrenia and Paranoid States	5	6	11
Manic-Depressive Psychosis	4	6	10
Alcoholism	3	1	4
Obsessional States .....	...	...	...
Toxic Psychoisis	2	1	3
Senile and Presenile Dementias.....	2	3	5
Gross Brain Lesion	2	...	2
Psychopaths	5	2	7
C.M.D.	1	5	6
Epilepsy.....	...	1	1
Total Admissions during year ...	70	104	174

TABLE P—12.
MILLBROOK PSYCHOPATHIC HOME.
Financial Statement.

	YEAR ENDED.				
	30.6.51	30.6.52	30.6.53	30.6.54	30.6.55
Average Daily No. of Patients	25·74	25·3	26·98	21·79	18·75
Gross Cost for Year	£14,580	£18,122	£21,335	£23,134	£25,631
Fees Received.....	£4,826	£5,254	£7,272	£10,988	£8,310
Other Revenue.....	£449	£248	—	—	—
Gross Cost per Head per Day	31/11·04d	42/7·56d	43/4·10d	58/2·03d	74/10·80d
Net Cost per Head per Day	21/11·25d	29/8·25d	28/6·83d	30/6·49d	50/7·44d

Section V.—Vital Statistics supplied by Deputy Commonwealth Statistician.

Statistical and General.	Causes of Death.		
Population:			
Estimated on 31st December, 1954—			
Males	162,795		
Females	156,747		
Mean population—			
Males	158,372		
Females	152,372		
General	309,445		
Australian Birth-rate for the year 1954 per 100 Persons Living.			
1933. 1953. 1954.			
Tasmania	19·93	24·70	24·97
New South Wales	16·99	21·74	21·33
Victoria	15·60	22·46	22·28
Queensland	18·14	24·40	23·74
South Australia	15·32	23·96	22·89
Western Australia	17·95	25·47	24·88
Northern Territory	15·23	27·47	31·67
Australian Capital Territory	14·43	26·52	28·25
Australia	16·78	—	22·50
Tasmanian Death Rate	—	—	24·97
	Total		
	35		
	3		
	1		
	1		
	393		
	7		
	58		
	131		
	629		
	Local Diseases.		
	Diseases of the Nervous System and sense organs		
	364		
	Diseases of the Circulatory System		
	989		
	Diseases of the Respiratory System		
	234		
	Diseases of the Digestive System		
	87		
	Diseases of the Genito-Urinary System		
	75		
	Diseases of Puerperal Origin		
	7		
	Diseases of the Skin and Cellular Tissues		
	2		
	Diseases of Bones and Organs		
	11		
	Total		
	1,769		
	Congenital Malformations		
	18		
	Diseases of Early Infancy		
	49		
	Senility		
	20		
	Ill Defined Conditions		
	1		
	Accidents		
	180		
	Homicide		
	2		
	Suicide		
	30		

